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

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

Plaintiffs,

Case assigned to Mathew, Francis J.

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

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

Defendants.

# PETITION FOR DECLARATORY RELIEF AND TEMPORARY RESTARINING ORDER

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

## I. PARTIES

#### A. PLAINTIFFS

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

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

# B. NEW MEXICO CORRECTIONS DEPARTMENT (NMCD)

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

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

# **II. JURISDICTION AND VENUE**

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

# **III.STATEMENT OF FACTS**

#### A. NMCD Duties

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

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

# B. Obstruction of The Medical Grievance Process

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

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

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

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

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

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

# C. Denial of Legal Assistance with Medical Grievances

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

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

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

**PEX 2**, p. 2, **₽** 7.

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

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

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

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

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

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

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

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

# E. NMCD Violations of its Own Grievance Process

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

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

## F. NMCD Violations of Grievance Time Constraints

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

#### H. Time Constraints:

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

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

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

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

## D. Appeal Process:

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

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

#### A. Inmate's Responsibility:

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

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

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

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

# G. Denial of Forms for Inmate Grievances

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

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

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

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

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

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

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

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

# H. Deliberately Vague, Confusing and Conflicting Grievance Policies

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

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

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

**PEX 1**, p. 7,  $\mathbb{P}$  H(4).

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

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

# **D. Appeal Process:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## J. NMCD Refusal to Provide Grievance Forms

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

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

## K. Retaliation for Filing Medical Grievances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### L. Relocation of Inmates to Other Facilities

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

#### M. Retaliation Renders the Grievance Process Unavailable

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

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

# N. Near Universal Denial of Medical Grievances

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

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

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

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

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

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

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

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

# P. Osteomyelitis Epidemic in NMCD Facilities

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

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

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

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

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

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

- 259. NMCD recklessly chose not to exercise any control over the manner of its medical contractors, leading to an epidemic of osteomyelitis in its facilities, an epidemic of poorly treated diabetes in its facilities, and ongoing failure to provide HCV treatment despite \$30,000,000 allocated by the State of New Mexico for these purposes. These are only the cases of which Counsel for PLAINTIFFS is aware. There are undoubtedly other critical and chronic illnesses that are being recklessly neglected.
- 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 abovenoted abuses of the medical grievance process.
- 279. Each of the named PLAINTIFFS stands ready to provide affidavits and testimony on the many abuses of the medical grievance process by NMCD, its employees, staff, contractors and agents.
- 280. The named PLAINTIFFS seek protection from the court against retaliation for providing the affidavits and participating in these proceedings.
- 281. The named PLAINTIFFS will need assistance from the Court in providing the affidavits due to obstruction of the attorney client relationship.
- 282. A number of named PLAINTIFFS suffered avoidable and extensive hospital stays.
  - 283. A number of the PLAINTIFFS have suffered severe and permanent injuries as a

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

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

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

### V. VIOLATIONS OF NEW MEXICO'S CONSTITUTION

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

286. N.M. CONST. ART. II, §18 states:

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

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

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

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

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

N.M. Const. art. II, § 13

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

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

315. N.M. Const. art. II, § 4 states:

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

N.M. Const. art. II, § 4

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

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

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

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

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

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

E. provide a reasonable manner at a reasonable cost for interested persons to obtain copies of items set forth in this section; and

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

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

N.M. Stat. Ann. § 12-8-3(A)

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

In adjudicatory proceedings:

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

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

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

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

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

- 330. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-15(G) which states as follows:
  - G. Agency files and records, including but not limited to investigation reports, statements, memoranda, correspondence or other data pertaining to the matter under consideration scheduled for hearing or other agency action, shall be available for inspection and copying by any party of interest or other person affected by the pending matter, at all reasonable times prior to, during or after any hearing, proceeding or other proposed agency action. If the agency or any party asserts that any such information contained in the agency files and records should not be made available for any reason of confidentiality or privilege recognized by law, the question shall be determined by the district court of the county in which the requesting party resides, upon application by the party requesting the information and after hearing thereon following reasonable notice to the party asserting confidentiality or privilege.
- 331. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-15(H) which states as follows:

H. No officer, employee or agent engaged in the performance of investigative or prosecuting functions for any agency in any case shall, in that or a factually related case, participate or advise in the decision, recommended decision or agency review except as a witness or counsel in a public proceeding. Additionally, any hearing examiner, member of a review board or agency member shall withdraw from any proceedings in which he cannot accord a fair and impartial hearing or consideration. Any party may request a disqualification of any hearing examiner, member of a review board or agency member on the grounds of the person's inability to be fair and impartial by filing an affidavit promptly upon the discovery of the alleged grounds for disqualification, stating with particularity the grounds upon which it is claimed that the person cannot be fair and impartial. The disqualification shall be mandatory if sufficient factual basis is set forth in the affidavit of disqualification. The agency shall, by rule, provide for the appointment of a fair and impartial replacement for the person disqualified. If the replacement is disqualified, or in any case not otherwise provided for, a replacement shall be appointed by a justice of the supreme court.

332. NMCD's gross obstruction and abuse of the medical grievance process violates

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

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

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

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

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

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

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

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

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

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

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

grievances.

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

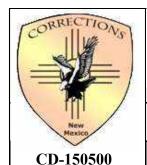
Respectfully Submitted: COLLINS & COLLINS, P.C.

/s/ Parrish Collins

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# NEW MEXICO CORRECTIONS DEPARTMENT

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

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

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

**TITLE:** Inmate Grievances

#### **AUTHORITY:**

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

#### REFERENCES:

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

#### **PURPOSE:**

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

#### **APPLICABILITY:**

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

#### **FORMS:**

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

#### **ATTACHMENTS:**

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

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

#### **DEFINITIONS:**

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

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

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

#### **POLICY:**

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

#### A. Communication of Procedures:

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

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

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

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

#### C. Administrative Provisions:

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

151201.

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

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

# D. Facility Grievance Officer Responsibilities:

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

# E. Grievability:

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

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

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

#### F. Informal Resolution:

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

#### G. Remedies:

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

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

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

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

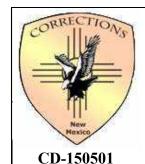
# J. Reprisals:

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

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

1)11.9/

06/14/18 Date



# NEW MEXICO CORRECTIONS DEPARTMENT

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

**TITLE:** Inmate Grievances

# **AUTHORITY:**

Policy CD-150500

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

### A. Inmate's Responsibility:

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

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

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

- 1. The Grievance Officer will note the date the grievance was received and enter into CMIS, assign a CMIS number to the grievance to include the institution, year and number of the grievance. The Grievance Officer will ensure all grievance information is entered and tracked by using CD-150501.A and CD-150501.B. On a monthly basis, these reports will be completed and the completed copies will be placed in the respective J or Z Drive locations depending on the institution's status as a state operated institution (J: Drive) or privately operated institution (Z: Drive) by the 10th day of the next month.
- 2. The Grievance Officer will review all grievances for proper time limits and 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

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

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

#### C. Warden's Decision:

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

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

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

## D. Appeal Process:

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

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

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

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

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

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

# F. Record Keeping and Periodic Evaluation:

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

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

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

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

### G. Confidentiality:

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

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

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

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

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

1)11.9/

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 Griev	vance Officer:	
Grievance Officer's Sign	nature:	
policy/procedure <i>CD-13</i> as to be readable after p to be valid. Copies sent <b>STEP 1 - Grievance</b> : In	50500 before filing a grievance. Ye hotocopying. The grievance must elsewhere will be considered inferclude documentation and names	olved in an informal manner. Please read Your grievance must be typed or clearly written so to be filed with the Institutional Grievance Officer ormational copies only, not requiring a response. of any witnesses to support your claim. For your sted. Use additional pages, if necessary.
Inmate's Signature:		Date:
Relief Requested:		
STEP 2 – To Be Comp	leted by the Grievance Officer:	
Byour grievance is1. The grievan	accepted for consideration. being returned to you because o ce is not readable. has been answered in previous gr	
<ul><li>3. The grievan</li><li>4. The grievan</li><li>5. The grievan</li></ul>	ce concerns material not grievou ce is a group grievance or petitio	s under present policy. n. (Submit individually.)
Grievance Officer's Sign	noturo	Date:
Office affice of the sole	nature.	Date.

# NEW MEXICO CORRECTIONS DEPARTMENT INMATE GRIEVANCE

Grievance File #:					
STEP 3 – Grievance Inv	estigatio	on and Recomme	ndation:		
1. Witness Statement: (		)			
2. Witness Statement: (		)			
3. Grievance Officer Inve	stigation	Results and Reco	mmendation		
Grievance Officer's Signa	ture		Date		
STEP 4 – Decision of W	arden/D	esignee: Date rece	eived by Grievance	Officer:	
Denied ( ) Granted (	( )	Dismissed ( )	Resolved ( )	Referred ( )	
Signature:			Date:		
Date Returned to Inmate:			-		
STEP 5 – Departmental A. Reason for appeal:	Appeal	(Return grievance	e to Grievance Off	icer for processing.)	
Inmate's Signature:			Date:		
Date Received By Grieva Date Sent to Grievance C					
B. Department Decision	•				
			Date:		
Cabinet Secretary/Design	ee				

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

NMCD#:				
Facility:	HU:	Cell:		-
	Issue is under Review:	Yes ( )	No ( )	
•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • •	Form CD-150501.2
W MFYICO CO	DRECTIONS DEPARTM	IFNT	Rev	ised 06/14/18 Page 1
	NMCD#:			
Facility:	HU:	Cell:		
	Issue is under Review:	Yes ( )	No ( )	
	•			
		•••••	• • • • • • •	
			Rev	Form CD-150501.2 ised 06/14/18 Page 1
	NMCD#:			
Facility:	HU:	Cell:		
	Issue is under Review:	Yes ( )	No ( )	
	_			
•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	
			Rev	Form CD-150501.2 ised 06/14/18 Page 1
	NMCD#:			
Facility:	HU:	Cell:		-
	Issue is under Review:	Yes ( )	No ( )	
	Date Notice of Receipt Sent:			_
	Facility:  W MEXICO CO Inmate 5-Day N  Facility:  Facility:  W MEXICO CO Inmate 5-Day N  Facility:  Facility:  Facility:	Facility:		

#### NEW MEXICO CORRECTIONS DEPARTMENT

# **INMATE INFORMAL COMPLAINT**

Inmate Name:		NMCD#:	
Facility:	HU/Cell #:	Date of Incident:	
Name of subject or person	on to whom the complaint was f	filed against:	
	in detail:		
<b>Unit Manager/Chief of</b> Date Received:		•••••	
I,	ha r/Chief of Security/Designee	ave reviewed the above informal	complaint and
Recommend:	( ) Resolution	( ) Recommend formal	
Staff Member:	/ Print / Sign	Date:	
	gnatures below, this informal co		Unresolved
Unit Mgr/Chief of Secur	rity/Designee:	Date	:
Staff Witness:	Print / Sign /	Date:	
Inmate:	Print / Sign / Print / Sign		
	Print / Sign		

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

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

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

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

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

D-101-CV-2019-00691

GERALD WILSON,

Plaintiff,

V.

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

Defendants.

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

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

I. INTRODUCTION

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

PEX 6, p. 1

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

#### II. PROCEDURAL HISTORY

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

#### III. STATEMENT OF FACTS

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

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

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

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

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

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

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

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

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

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

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

#### IV. LEGAL STANDARD

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

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

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

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

#### V. ARGUMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The trial court need not exhaust lesser sanctions:

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

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

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

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

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

#### Respectfully submitted,

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

#### By /s/ David S. Ketai

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Attorneys for Plaintiff

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

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/s/ David S. Ketai

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#### MEMORANDUM



Date: 7/11/18

Inmate Gerald Wilson #80046

To: 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

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

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

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

Crievance Officer's Signature			Date		
STEP 4 - Dec	cision of Warden	/Designee:			
Denied ( )	Granted ( )	Dismissed ( )	Resolved (A)	Referred ( )	
Rignature		10000 A 7000	ī	7/c/18	
D . D .		1.00			

Date Returned to Inmate: 711118

# ECETYE

Food CTAISSSELE

<b>(%)</b> A.V.L. V. O. (*) (*) (*)	Revised 67/12/17 Page 1
BY: K. J. LLYACO NEW MEXICO CORRECTION <b>S DEPARTMENT</b> INDIATE GRIEVANCE	r
Inmate's Name: (16/0/d)   SO/NIMCO#: 80046 Grievance File #:50-	- JV-06-02
Institution: GCC. F. Housing Unit: H-D107Date of Incident: 5-11	2018
Date Received by Grievance Officer: 💆 🛴 🐪	
Grievence Officer's Signature: <u>V. N. N.</u>	
The Color of the C	
gricvance to be accented, you must state the relief requested. Use additional pages, if necessary	•
See attatched paper for my writter reparding my grievance	Mananchi
1 Can will in Durante	
inamatés Signature <u>- Lulel II Lu-pac</u> : <u>6 - 7 - 2011</u>	9
Relief Responsed: TVIN request of relief court determines be de due to not knowing what's really wrong with my back I still got to get the proper treetment and diagnosts. Also depending on the length of recovery.	termine en
STEP 2 - To Be Compisted by the Grievance Officer:	ocu
A. your grievance is accepted for consideration.  Byour grievance is being returned to you because of the following reason:  1. The grievance is not readable 2. The matter has been answered in previous grievance #: 3. The grievance concerns material not grievous under present policy 4. The grievance is a group grievance or potition. (Submit individually.) 5. The grievance is not timely 6. Other Specify:	<b></b>
Grievance Officer's Signature: L. R. 1030.C. Date: L. (25/V	<del></del>

Page #1

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

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

. .

June 7, 2018 At this time it had been almost 2 weeks and wasn't getting any better. The pain is unbareable. On 05-21-2018 Seen doctor again and said i probly have a slip disk and was havely 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 am response back from my Informal and request... So I'm here tryng do the right thing by doing the next step which is this Grievance. I'm still in extreme pain, Still using the wheelchan 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.D:s here in Hovsing One Know that i haven't gotten my own tray because i can't... This ain't right because I been suffering and trypa get help to figure out what is really wrong with my back, Medical have been telling me somethin different everytime. This is my back and Is very important that I get proper medical attention I don't feel that Medical ain't taking My pain and suffering from my back seriously. Next page

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

#### MEMORANDUM

DATE:

07-11-18

To:

Disc

CC: FROM:

K. Armijo H.S.A.

SUBJECT: Wilson 80046

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

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

7-3-18 sent to GCH for MRI.

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

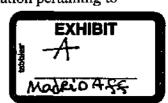
Thank you, K. Armijo H.S.A.

GCCF-6382

#### AFFIDAVIT OF STEVE MADRID

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

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



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

A copy of this document is attached to my affidavit.

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

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

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

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

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

FURTHER AFFIANT SAYETH NAUGHT.

Steve Madrid

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

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

BIANCA MCDERMOTT,	)
Plaintill,	) }
v.	) No. D-101-CV-2017-00871
NEW MEXICO CORRECTIONS DEPARTMENT,	<b>)</b>
Defendant.	) )

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

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

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

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

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

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

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

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

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

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

THE HONORABLE RAYMOND Z. ORTIZ DISTRICT CORUT JUDGE

#### SUBMITED BY:

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

By: /s/ Samuel C. Wolf
SAMUEL C. WOLF
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AND

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

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

STATE OF NEW MEXICO COUNTY OF SANTA FE FIRST JUDICIAL DISTRICT

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

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

Plaintiff.

V.

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

Defendants.

#### ORDER GRANTING MOTION FOR SPOLIATION SANCTIONS

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

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

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

So Ordered:

07/09/20

Matthew J. Wilson

District Court Judge

#### **CERTIFICATE OF SERVICE**

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

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David S. Ketai
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Attorneys for Defendant Centurion

Hollie Janabe

#### Hollie Tanabe Administrative Assistant

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

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

GERALD WILSON,

Plaintiff,

vs.

No. D-101-CV-2019-00691

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

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

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

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

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

PEX 7, p. 1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

purposes of delay.

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

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

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

Respectfully Submitted,

LAW OFFICES OF MARY T. TORRES

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

Mary T. Torres, Esq.

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

Albuquerque, NM 87102

(505) 944-9030 (t)

(505) 944-9091 (f)

mtt@marytorreslaw.com

PEX 7, p. 4

## **CERTIFICATE OF SERVICE**

I hereby certify	that a true and correct co	opy of the foregoin	g was provided	electronically	through the
Odyssey State Cour	rt's Electronic Filing Syst	tem to all counsel	of record this 9th	day of Novem	nber 2020.

/s/ Mary T. Torres
Mary T. Torres

# AFFIDAVIT OF STEVE MADRID November 9, 2020

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

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

### FURTHER AFFIANT SAYETH NAUGHT.

Steve Madrid

#### \*MEMORANDUM



Date: 7/11/18

To: CC:

Inmate Gerald Wilson #80046

From: Krystal Rivera, Grievance Lieutenant

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

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

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

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

Grievance Officer's Signature		Date		
STEP 4 - Dec	cision of Warden	Designee:	·	
Denied ( )	Granted ( )	Dismissed ( )	Resolved 🙀	Referred ( )
15				2/4/14
Signature	to Immer DI	.1.2	Ī	Sale



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

NEW MEXICO CORRECTIONS DEPARTMENT INMATE GRIEVANCE	ge l
Inmate's Name: Gold WilsovNMCD#: 80046 Grievance File #: 51-18-06-01	-
Institution: 1-1 Housing Unit: HI-D107Date of Incident: 5-11-2018	
Date Received by Grievance Officer: 6 15/18	
Grievance Officer's Signature:	
STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For your gravance to be accepted, you must state the relief requested. Use additional pages, if necessary.	
See attatened paper for my writer proble	N
Inmate's Signature: Date: 6 - 7 - 2018	
Relief Requested: We of the Cant be attended to not knowing what's wrong with my back.  To got to get the treatment on the length of recovery	
STEP 2 - To Be Completed by the Grievance Officer:	
A. your grievance is accepted for consideration.	
Byour grievance is being returned to you because of the following reason: 1. The grievance is not readable.	
<ul> <li>2. The matter has been answered in previous grievance #:</li> <li>3. The grievance concerns material not grievous under present policy.</li> </ul>	
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:	

Page #1

Quas S... that were givin pretty much in the same place for her that mu but twas sore from all the shot's that ague me extreme mugroun(headaches) and night for Iday's. They also save me another shot did. My back wipsn't getting any hetter. thurively it for about 3days and one of the nurse was throwning up. for that went on for a couple been in a wheelehair. I still kept going to was told his medical that I had an infection me that it was to much because I had told . And on the Iday shot's I only went almost everyday They on 05-18-2018 (Next pase ) DEX 7, p. 10

an all mus visit's and the treatments then and said that I proby had pinch my Siatic nerve... Medical should have documents 05-14-2018 was seen by the doctor Ms. Alken on it and massage it out and was only givin I.B.U's... From there on the pain Kept getting worst, the pain got very very bed that for my back pain. T was told that it's proble So around 8:00 am I went down to medical with back pain, it was at breakfast time went to medical numerous times. On pull mustle so was told to put a that rus irievance officer Starting on 5-11-2018 T had worke up 1 7 2118 8

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

	June 7, 2018
<del></del>	I am in the barber class and haven't
-	been to school because I can't stand the
	pain. I got pain meds from medical
	but still the pain is unbareable.
	The caseworker even had to come all the
	way to my cell to sign paper because i
	couldn't even get off my bunk
	This problem has been going on to long
	It's taking a toll on me obviously physically
	mentally and Emotionally. I have numerous
	Witnesses that been seeing me go through
	this pain. I don't know what it's gona
	take for to get someone's attention to
	understand my nain and to belo me set
· <u>-</u>	the proper Medical treatment. Need to go to the hospital outside
	to the hospital outside.
	Dincerto.
	7/103
	N. Wilson #80046
	06-07-2018
	11



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

## MEMORANDUM

DATE:

07-11-18

To:

Disc

CC:

FROM: K. Armijo H.S.A.

SUBJECT: Wilson 80046

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

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

7-3-18 sent to GCH for MRI.

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

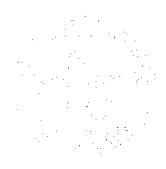
Thank you, K. Armijo H.S.A.

GCCF-6382

CNMCF

# American Correctional Association

# ACCREDITATION REPORT



# Commission on Accreditation for Corrections

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

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

		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	2	
		job		
	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
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 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

	1	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	2	
		job		
	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			医感觉测量性 医环

LCCF

# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

The GEO Group Lea County Correctional Facility Hobbs, New Mexico

June 11 - 13, 2018

## **VISITING COMMITTEE MEMBERS**

David Eberhard, Chairperson ACA Auditor

Shelia Yvonne Oubre ACA Auditor

Angela McKinney Grant ACA Auditor

	divided	Number of licensed or certified staff during a		
	by	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	l	
	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	
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			



# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

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

April 11-13, 2016

### **VISITING COMMITTEE MEMBERS**

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

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

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

	(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	
5A	None			
6A	None			
7A	None			医乳腺激素
7B	None			
7C	None			



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

2018 Ocpt

# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

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

October 3-5, 2017

#### VISITING COMMITTEE MEMBERS

Wynnie Testamark, Chairperson ACA Auditor

> Julie A. Salmi ACA Auditor

Jose Martinez ACA Auditor

		· · · · · · · · · · · · · · · · · · ·		
	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	40	0%
+	(4)		40	UVO
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	0	######################################
	divided by	The average dally population for the past 12 months.	-0-067	1 <b>30</b> 0%
	(5)	Where staff is tested, the number of staff substance abuse	<del></del>	
	(0)	tests failed in the past 12 months.	0	*** 35. *
	divided by	The number of staff substance abuse tests administered	<del>-</del>	Action of the second section of
	divided by	in the past 12 months.	72	0%
$\neg \dagger$	(6)	Number of staff terminations for violation of drug-free work		
ı	(0)	policy in the past 12 months.	Ų	
	divided by	The number of staff terminations in the past 12 months.	7	0%
	(7)	The average number of physicians employed in the past		
	(1)	12 months.	1	
	divided by	The number of physician positions authorized in the past	. '	
	Cavided by	12 months.	1	100%
	(8)	The average number of nurses employed in the past 12	,	
	(-/	months.	12	THE SECTION
	divided by	The number of nurse positions authorized in the past 12		
1		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%
1	(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		
.	<u> </u>	authorized in the past 12 months.	3	100%
7D		The facility is administered efficiently and		
		responsibly.	:	
- 1	(1)	Net amount of budget shortfalls or surplus at the end of	1,655,69	
		the last fiscal year (budget less expenditures),	7	
	divided by	The budget for the past 12 months.		0%
	(2)	Number of material audit findings by an independent		
	<del></del>	financial auditor at the conclusion of the last audit.	0	
		NONE	25	1
	(3)	Number of grievances filed by inmates regarding their		
		records or property in the past 12 months.	1,136	29/6
	divided by	The average daily population in the past 12 months.	0	
j	(4)	Number of inmate grievances (records/property) decided		
		in favor of inmates in the past 12 months.	25	0%
1	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	er viri
	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	# 6 4 2 5 t
	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	
1	divided by	The number of problems identified by internal health care		
		review in the past 12 months.	0	0%
7E		Staff are treated fairly.		<u> </u>

	(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%
<b>7</b> F		The facility is a responsible member of the community.		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	2,410	
	divided by	The average daily population of inmates in the past 12 months.	1,136	212%
	(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 dally population of inmates in the past 12 months.	1,136	0%
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	124,152	,
	divided by	The average daily population of inmates in the past 12 months.	1,136	10930%

4A	(1)	Number of problems identified by quality assurance program 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		<del></del>	
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

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

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



### COMMISSION ON ACCREDITATION FOR CORRECTIONS

#### STANDARDS COMPLIANCE INITIAL AUDIT

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

May 14-16, 2018

## **VISITING COMMITTEE MEMBERS**

Steven Bailey, Chairperson ACA Auditor

> Julie A. Salmi ACA Auditor

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

	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	10	.7
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	
	(3)	Number of offender suicide attempts in the past twelve (12) months	1	1.7.11
	divided by	Average daily population	686	.001
	(4)	Number of offender suicides in the past twelve (12) months	0	1 1 1 1 1 1
	divided by	Average daily population	686	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	1	4
•	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	Start Co.
5A	None			1.17.4
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

	(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
	(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	

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

#### COMMISSION ON ACCREDITATION FOR CORRECTIONS

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

June 14 - 16, 2017

## Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

#### Standard #4-4052

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

#### FINDINGS:

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

#### AGENCY RESPONSE

#### Plan of Action

#### Task

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

### Responsible Agency

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

#### Assigned Staff

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

### Anticipated Completion Date

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

#### AUDITOR'S RESPSONSE

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

#### Standard #4-4062

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

#### FINDING:

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

#### Plan of Action

#### Task

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

### Responsible Agency

New Mexico Corrections Department Central Office

#### Assigned Staff

Orion Stradford, Acting Bureau Chief Internal Audits and Standards Compliance

#### <u>Anticipated Completion Date</u>

July 31, 2017

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

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

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

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

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

#### FINDING:

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

#### Plan of Action

#### Task

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

#### Responsible Agency

New Mexico Corrections Department Central Office

### Assigned Staff

Orion Stradford, Acting Bureau Chief Internal Audits and Standards Compliance

#### Anticipated Completion Date

July 31, 2017

#### AUDITOR'S RESPONSE

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

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

## COMMISSION ON ACCREDITATION FOR CORRECTIONS

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

June 14 - 16, 2017

# <u>Visiting Committee Findings</u>

Non-Mandatory Standards

Not Applicable

## Standard# 4-4046

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

FINDING:

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

Standard #4-4123

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

FINDINGS:

This is an existing facility.

Standard #4-4125

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

FINDING:

This is an existing facility although it does comply.

Standard#4-4137-1added January 2012.

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

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

## FINDING:

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

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

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

## FINDING:

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

## Standard# 4-4139-1

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

# FINDING:

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

#### Standard #4-4147-1

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

FINDINGS:

This is an existing facility

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

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

FINDING:

This is an existing facility.

#### Standard #4-4149

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

FINDINGS:

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

Standard #4-4150-1

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

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

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

## FINDINGS:

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

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

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

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

#### FINDING:

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

#### Standard #4-4157

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

## FINDINGS:

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

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

## FINDING:

This is a female only facility.

### Standard #4-4307

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

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

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

## FINDINGS:

Youthful Offenders are not housed at this institution.

## Standard #4-4308

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

# FINDINGS:

Youthful Offenders are not housed at this institution.

## Standard #4-4309

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

# FINDINGS:

Youthful Offenders are not housed at this institution.

## Standard #4-4310

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

#### FINDINGS:

Youthful Offenders are not housed at this institution.

#### Standard #4-4311

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

#### FINDINGS:

Youthful Offenders are not housed at this institution.

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

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

## FINDINGS:

Youthful Offenders are not housed at this institution.

# Standard #4-4323

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

# FINDINGS:

No food products are grown or produced within the system.

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

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

## FINDINGS:

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

Standard# 4-4353-1 Added January 2003

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

## FINDING:

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

#### Standard #4-4383

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

## FINDINGS:

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

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

## FINDINGS:

Volunteers are not used in the delivery of health care.

## Standard #4-4392

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

## FINDINGS:

Students are not used in the delivery of medical services.

## Standard #4-4393

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

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

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

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

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

## FINDINGS:

Familial duties are not performed by offenders.

## Standard #4-4443

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

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

## FINDINGS:

Offenders at WNMCF are not eligible for temporary release.

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

# **FINDINGS:**

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

## Standard #4-4463

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

## FINDINGS:

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

## Standard #4-4502

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

## FINDINGS:

Offenders are not eligible for furloughs to the community.



# Significant Incident Summary

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

Facility Name: Western New Mexico Correctional Facility

Reporting Period: 2016-2017

Incident Type	Months	May	Inne	July	SHBTTW	September	0.0.6	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
	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/ Offender	0	0	0	1	0	0	1	0	0	0	0	0	2
Assaults	Offender/ Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Mandatory Non- Compliance*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		1	0	0	0	0	0	0	2	0	1	0	0	4

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

		Health Care Outcomes		
Standard	Outcome Measure	Numerator/Denominator	Value	Calcu- lated O.M.
1A	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months	4	
	divided by	The average daily population	281	.14
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months	0	
	divided by	Average daily population	281	0
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening	272	0
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months	0	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months	0	0
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time	100	
	divided by	Total offender population at that time	281	.355
	(6)	Number of offenders diagnosed with HIV infection at a given point in time	3	
	divided by	Total offender population at that time	281	.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:	N/A	
Relation to Prospective Contractor:		
Name of Applicable Public Official:		
Date Contribution(s) Made:		
Amount(s) of Contribution(s)		
Nature of Contribution(s)		
Purpose of Contribution(s)		
(Attach extra pages if necessary)		
Signature	Date	
Title (position)		-

NO CONTRIBUTIONS IN THE AGGREGA	TE TOTAL OVER TWO HUNDRED FIFTY
DOLLARS (\$250) WERE MADE to an appli-	cable public official by me, a family member or
representative.	12/30/2015
Signature	Date

President & Chief Operating Officer
Title (Position)

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1. Cardiat/HTM	ш	11 2	8 H	0 0 1	I. Sched	foled Clinic Visits Seen	38	0	107	7
2. Endocume/Olabetes	6	1 4	a al	0		al Visles Not Seen	25		25	7
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19. Oraho			_			ystem Transfers	1 .		72	-1
1 is. Psychiatry	-					yptem intakes		0	41	-1
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13. Special Needs					o 9 Intañe					-11
14. Parn Management		1				pal Health Adalmienanes		6	0	4
IS Anticoagulant		1	·L -	D (		Call Visits Seen		4	62	-1
On-Site Specialty/Serv			MARY/LTCU		***	Çali Vitirs Nor Seen	- в	0		
l. Diahrsts	0	1. # Observation		0		all Visits Refused	D	G G	U	4
2. Degrantics	- 0	2. # Admit Stat				arge/Parole Reentry			20	4
3. O6/Gyn	0	3. ₱ Housing St		0	15. Eme	rgent/Urgent Seen		٥	23	_
d, Laboratory Studies	٥	4 FinGerlatin		D		DENTAL SERVICES	Schedulad	Seen	Refused	
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6 Mammograms	a	INIA	TE DEATHS		2 R Deni	rall X-Rays	,	1	0	_
7. Hephrology	Ó	1. Total # of De	gt s	0	3. ± 30 E	lary Craining	0 6 a	0 8	0	_
L Optometry OFF-SITE	0	2. # Deaths Suic	lete	0	4 Haper	ual Exams				7
9 Radiology Studes	4	3. # Ceaths at h	lospital	a	5. II Deal	lures		0		1
10. Physical Therapy	D	4. # Deaths at 8	ac =1y	0	7. 3 Ents.	pçliphs	٠,	- 6	0	1
					8. 4 0(1-)	Site Wills	,		•	1
ON-Site Services Cons	ulta						Total # Days Pending	Std: Call Appointment	1	
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> Administratificom ER	۰	1. Fron Ra			277	2. If Days pending dental a	appinatuum)			
2. Ambulans a Transports		2 # on HCV Ru			1 .	J. # Oays pending psychiat			$^{+}$	
3. Total Fol Hospital Admits	0	3 # Or HIV on	Auc				PSYCHIATRY PERM		_	
4 Inwellent Surgerlet	0	4 = Dr AIDS on			-	1. # Sulcada Attempts (Han				т
5. Outpateent Surgerles	1	5. Len NH Mer			1 0		sales Receiving loss ad Parch Medications			+
6 Oil-Site Referrals	-	6 # Completed			Ť	3. ¶ Inmates in Therapesne			+	
7. Off-Site Referrals Approved	7	7. if on fix for A			<del>  ;</del>	4. 4 inmates with Mental I			+	
Off-Site Referrals ATP	0	8. # on Psych M			· ·	MISCHLAN				
	5	9. 4 on As for M			_					$\overline{}$
9. Off-Sale Diagnostic Studies		9. W DET ALE HOP BA	IKSA			1 A informal Complaints		4. II 3/TM Diels		+
10. Off-Sete Speculty Works	1	10. # Offerte Ph	ынлықұ Вь			Z. O formal Gillevanges		S. # Cardiac Deels		1
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after hours/weekends		13. # Housing on	edkarion errors		0		7	CLU1(N/HE)	-	4-
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						IOUS DISEASES			Annual Property lies	
. d RDC HIV Texts			11 Elementes pe				23 # Hep A Vac	mm Ghan		т
# ROC HIV Tests Positive			12. # Approved				24. # Hap B Vac			╈
3. # ADC ternates Refused MIV Test		<del></del>	13. # Completed			<u> </u>	25. I New HPV (			+
. A ROC Hep C Tests		1 5	14. # 151 Given	rnes is		6	26 # New MRSA			+
, al MOC Hep C Tests Positive			15. # Newly Da	74		1 1	17. • Gannorhe			+
		- 0					28. * Chlamydia			+
# RDC Hea C Tests Refused		<del></del>	10. € Inmates TS							
a. # Chescal HIV Tests			17. #Relused LT			0	29. 4 Syphias Ca	LPS .		ㅗ
a man a lampt b		0	In. # 151 Correct			0				
b. # Chnical HW Tests Pontius			19 Rol CHR for			_0	100			
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I. Ioniares D. AIDS I. Ioniares D. HIV		_								
R Clinical HIV Tests Position     Industry Dr. AIDS     Industry Dr. HIV     Industry Dr. HIV		0	21. # Pheromovas 22. # DT Boostes			0				

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facility/Level.	_	CC LE	VEL 2				Month /	Ygar:	Oct-16			
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2. Respiratory		16	ľ			,	8. Coder	Physicals	6	0	6	J
3 Special Meeds		•			٥		9. Imake	HAP	0	0		J
4. Pain Management		4		·L_	1		10. Armu	al Meglih Maintenance	- 0		0	3
5. Anti-coagulant		۰		7	0			all Visits Seen	9	0	124	
On She Specialty/Sur	vices		INFINE	LARY/LTC	,		12. 3lch (	all Usits Not Seen	0	D	3	
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. Laboratory Saudies	90		4. A In-Genetaic I	Unit		0		DENTAL SERVICES	Schaduled	Şaen	Refused	_
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Optomory OFF-SITE	۰		2. # Deaths Savon	de		0	a, depart	al Éxami	1		٥	7
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O Physical Tholady	Ŷ		4, # Ocarins at Fa	rality .		4	7. e Estra	ctions		1	0	_
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Off-Site Services Loss	ults							T	etal P Days Pentils	g Skik Call Appointme	nt	
, ER Visils	2			7114	ARMACY	-		I il Days pending medical si	eppinsment			Т
4. Admissed from ER	0	_	1. if on Rc	35	5,42%		96	2. a Days pending dental ago		_		
Ambulance Transports	0	_	2 from HCV fts				d	<ol> <li># Buys pending psychiatry</li> </ol>				
Total R of Hospital Admis	. 0		3. If De HIV on R							ORIMANCE MEASURES		
Inpatient Surgerles	0	_	4. R Dr AIBS on R					<ol> <li># Şukide Artemper [Hangi</li> </ol>	ng, Med Overdose.	ate.		_
. Outpalient Surgerles		_	S. Pon MH Medi				-	2. If Immates Reseiving force		4		_
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Off-Site Referrals Approved	5		7. × on Rx for Ac					4. # Inmanes with Montal Health Treatment Guardianthip				_L
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Off-Sine Diagnostic Studies		_	9, illion RefgiM#	<u>154</u>				1 A Informal Complaints		4. # HTM Clats		_
O. Olf-Sine Specially Waits	2	- 1	10. # Off-site Pha	rmacy Re			,	7. If Formal Gillovances		5. Ill Cardiae Diegs		
i, dishmutes Transported after Industrianek endi	۰	П	17, Mikkyrsing Inc	dication e	rross		۰	) W Draberty Diess	,	GLUTCH FINGE		Т
	-	_				INCO CODE	ECTIONS	DEPARTMENT			1 100	36
				- 7	Monthly	Report To	Health Se	rvket Bursau				
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R ROC HIV Tests				11 Firm	nates pre	served to TRO		0	23. # Hep A Vas	cines Given		Т
A RDC HIV Tassa Positave		$\neg$	0			HCVT4		1	24. # Hep B Vac			Ť
R RDC Inmaces Refused HJV Tesa		$\neg$	0	13. A Cor				0	25 # New HPV			十
# ROC Hap C Tests		$\neg$	9	34 PTST					26 F New MRS			十
# ADC Heo C Tests Positive		$\neg$	0	15. # Ner		rute 1B		0	27. # Gennoshi			T
# RDC Hep C Tests Refused			0			with LTB1		D	28. R Chlamydia			7
a # Clinical HIV lesss		7	0			I Prophylavia		a	29. A Syphilis Co			$\top$
b, # Clinical HIV Tests Pasifilea		$\dashv$	0	IB. al TST				0				_
Asymptes Dr. AIDS		$\dashv$	0	19. dof 0				0				
Aumates Dr. HFV		_	0			scenes Given		0				
		_	р		Teroun.			0				
). a. à Quiltal Hap C lesss												

Exeller / Levels		EVH.2	Menth	ly Report To	Meath Se	ivkes Bureau	NOV. 2016.		-
acting / Level;	NLLI	EVEL 2			,				
SA Signature	_			-		ort Completed	DEC. 2016.		•
					Average	Davily Census			-
Chronic Care Clinica	# Enrolled		Sean	Refused		(Gn)c Voltz	Physician	Midteval	Numing
Cardlac/HTM			0 0			ulad Clinit Visus Seen	21	0	720
Endocume/Oubetes	1	•	0 0	185 1		Wens Not Seen	6	0	145
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Genito-Winary	<del></del>	1 1		9 9		mith genea menten antued	1 0	0	0
Hep C	,			<del>                                     </del>		er Acasons	1 0	0	0
HM	-						160%	0%	180%
Infectious De/INH	14		-		_	ation Visits	0		0
Neuro/Seiture	- 2	0 0			5. RDC M		1 0	1 0	1 0
O. Cierto		4				stem Iransfers		i i	31
1 Psychiatry	+	1 -						0	B4
	<del></del>	1 1				ntermintakes		<del></del>	0
2. Respiratory	_	1 1	3		B. Cadet		+ ;		•
Special Meeds     Pain Management		•			9. lenake	al Health Maintenance	- "		
4. Pain Management 5. Anticoegulant		<u> </u>				all Mealth Maintenance		-	171
on-She Specialty/Se		-, -	AUNY/LTCU	_		M Visits Seen	- "	<del>                                     </del>	177
					_		0	, p	0
Dialysis		2. A Observation 2. A Admit Status		0		I Visits Refused IngelParole Reentry	<del>'</del>	-	62
OB/Grm	0	3. R Housing Status				ecni/Organic Reservery	+ -	<del> </del>	10
Laboratory Studies	28	4. d in Gerialine		-	13 cme	DENTAL SERVICES	Scheduled	Seen	Reliated
Minor Procedures		5. # In Hospice C		•	I. Dental		44	26	A
. Mammograms	-		E DEATHS	,	2. V Denta		111	1 1	0
				В			0	1 0	•
Nephralogy Optometry Opto-STE		1. Total = of Das		9	3. # 30 D.		10	10	
	2	2. # Deaths Suicie			4. if Anny			10	0
. Radiology Studies D. Physical Thorapy	<del></del>	3. # Deaths at Ho		, D	5. d Dent 7. d Extra		5	7	9
D. Physical Incrapy		e, e Deathi ai Fa	CHILLY		J. # Q16-5		<del>'</del>	0	
ON-Site Services Con	a de	4			B. A CHI-S			g Sick Call Appointmen	
ER Varis	1 1		PHARMACI		_			2 sect cod sebboldruniu	_
a Admitted from ER	0	1 6-	23.62		- 0	# Bays pending medical a			
Ambulance Transports	0	1. If on fir 2. If on HCV Ru	23.02	76	-	2 if they's pending dentill and 3. If they's pending psychiates			
Total # of Hospital Admits	+	3. F Delivon R			_	2: n folds beasen if bracuman		DRIMANOE MEASURES	
	+ ÷	4. H DH ANDS ON R			9				
Inputiont Surgerles						I. d Suicide Attempts (Hang			
Outputent Surgeries		5 For MH Medi				2. # Inmates Receiving orce			
Off-Site Referrals Off-Site Referrals Approved	-	5 if Completed III			0	3. # inmures in Therapolitic 4. # inmures with Montal He		u dia mahin	
					_			потаполнур	
Off-Sate Referrals ATP	0	B. at on Psych Ma		-	٥	MISCELLANE	003	La augustion	
Off-Site Diagnostic Studies	2	9. # on Pu for MA				1 Cinformal Complaints	4.5	4 #HIMDiggs	
	4.	# Off-site Pha	mary Ar		200	1 Hornestonian	1.4	S. A Careline Diers	
		1 4 Number me	dication errors			3. # Diabetic Deta	1	GAUTEN FREE	
	0			ENICO CORR	ECTIONS I	DEPARTMENT			200
1. 8 Inmates Transported	0								
1. 8 Inmates Transported			Monthi	Report To		vicer Bureau			
I inmares Transported     after hours/weekends	0		Month	y Report To SAMUNICALI	ENHFECTI	OUS DISEASES	T		
I Inmares Transported     after hours/weekends  # ADC HIV Tests	0	0	Monthle Co 11. Diamates pre	y Report To SHAMUNICALI Hemed to TRO	ENHFECTI	OUS DISCASES 0	23. 8 Hep A Vac		
I. B Inmates Transported after hours/weekends  # RDC HIV Tests Fashing		0	Monthly CO 11. Dinmates pre 12. A Apployed for	y Report To SAMUNICALI Hemedito TRO 1 NOV To	ENHFECTI	OUS DISEASES 0 0	24. 4 Nep B Vac	lines Given	
I. B Inmates Transported after hours/weekends  of RDC HIVTests  R RDC HIVTests Positive  R RDC Unnates Refused HIVTest		D 0	Monthle CO 11. 8 Inmates pre 12. # Applayed [ 13. # Correlated	y Report To SAMUNICALI Hemedito TRO 1 NOV To	ENHFECTI	OUS DISEASES  0 0	24. 4 Nep B Vac 25. 4 New HPV	lines Gluas Casel	
I I Innates Transported after hours/weekends  If ADC HIV Tests  If RDC HIV Tests Positive  If RDC HIV Tests Positive  If RDC HIV Tests Peter Belling		0 0 0	Monthle CO 11. Biomates pre 12. J Apployed [ 13. # Correlated 14. # TSI Given	y Report To SAMUNICALI Hemedic TRO 4 HEV To HCV To	ENHFECTI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24. 6 Hep B Vac 25. 6 New HPV 26. 6 New MARS	ines Given Listes L'Cases	
B knases Transported after hours/weekends  # RDC HIV Tests # RDC HIV Tests Positive # RDC HIV Tests Positive # RDC HIP C Tests		0 0 0	Monthle CO 11. Biomates pre 12. A Apployed fi 13. 4 Completed 14. 4 TSI Given 15. 8 Newly Dr A	y Report To SHAMUNICABI Hemedio TRC 4 HCV Tx HCV Tx	ENHFECTI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24. 6 New B Vac 25. 6 New BPV 26. 6 New BARS 27. 6 Gostoche	cines Given Lases A Cases a Coses	
I Inmates Transported after hours/weekends  # RDC HIN Tests # RDC HIN Tests Solthing # RDC Hop Tests # RDC Hop Tests # RDC Hop Tests # RDC Hop Tests		0 0 0 d	Monthle CO 11. Elements pro 12. A Apployed [ 13. A Correlated 14. # TSI Given 15. # Newty Dr. A 16. # Inmates TS	y Report To SAMUNICATI HAMADIO TRO & HEY To HEV To early 18 Fully 1781	ENHFECTI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24. 6 Hep B Vac 25. 6 New HPV 26. 6 New ARS 27. 6 Gonnoing 78. 6 Chlamydd	ings Gluan Est el L'Gyes a Coses Coses	
I Binnarer Transported after hours/weekends  # RDC HIV Tests # RDC HIV Tests Southing # RDC Winates Adding HIV Test # RDC Hips C Tests # RDC Hips C Tests # RDC Hips C Tests Position # RDC Hips C Tests Profitied # RDC Hips C Tests Refused # RDC Hips C Tests Refused # RDC Hips C Tests Refused		0 0 0 1 0	Monthle CO 11. Elements pro 12. A Apployed [ 13. A Correlated 14. # TSI Given 15. # Newty On A 16. # Impares TS 17. # Refused 116	y Report To SAMUNICALI HAMAS 10 TR A HEY To HEV To safe 18 Fwith LTSI St Pophylawi	ENHFECTI	003 045EASES   0	24. 6 New B Vac 25. 6 New BPV 26. 6 New BARS 27. 6 Gostoche	ings Gluan Est el L'Gyes a Coses Coses	
A Biomster Trinsported phes hours/weekends  # NDC HIV Tests Seathing  # NDC HIV Tests Seathing  # NDC HIV Tests Seathing  # NDC HIP CEST Seathing  # NDC HIP CEST SEATHING  # NDC HIP CEST Position		0 0 0 0 0 0 0 0 0	Monthle CO 11. Binmates pre 12. A Approved fo 13. A Correlated 15. Binmates TS: Given 15. Binmates TS: 17. Befored LTG 18. A Service LTG 18. A ST Correct	y Report To DAMUNICALI Hemed to TRO 4 HCV Tx HCV Tx exte TB Fwith LTBI Si Prophylavis Lers	ENHFECTI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24. 6 Hep B Vac 25. 6 New HPV 26. 6 New ARS 27. 6 Gonnoing 78. 6 Chlamydd	ings Gluan Est el L'Gyes a Coses Coses	
I. B Iomater Transported after hours/weekends.  # RDC HIV Tests Southing  # RDC HIV Tests Southing  # RDC HID C Tests  # RDC HI		0 0 0 1 0	Monthle CO 11. Elements pro 12. A Apployed [ 13. A Correlated 14. # TSI Given 15. # Newty On A 16. # Impares TS 17. # Refused 116	y Report To DAMUNICALI Hemed to TRO 4 HCV Tx HCV Tx exte 18 Fwith LTBI St People Jawis Lers	ENHFECTI	00 J 09SEASES	24. 6 Hep B Vac 25. 6 New HPV 26. 6 New ARS 27. 6 Gonnoing 78. 6 Chlamydd	ings Gluan Est el L'Gyes a Coses Coses	
1. 8 Innance Transported sheet hours/weekends sheet hours/weekends sheet hours/weekends sheet hours/weekends sheet		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Monthle  CC  11. 8 Immates prof  12. # Apployed II  13. # Cormleted  14. # TS1 Given  15. # Nover to A  16. # Immater TS  17. # Refored LB  18. # Corner  19. # of Corner  20. # Influence VII  20. # Influence VII  20. # Influence VII  20. # Influence VII	y Report To SHAMUNICABLE Hamed to TRC & HCV To HCV To safe 18 I with LTGI Bl Prophylawi- ters 181/18 celling Given	ENHFECTI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24. 6 Hep B Vac 25. 6 New HPV 26. 6 New ARS 27. 6 Gonnoing 78. 6 Chlamydd	ings Gluan Est el L'Gyes a Coses Coses	
# RDC HIV Tests Fashing # RDC HIV Tests Fashing # RDC Hiv Tests Pathing # RDC Hap C Tests # RDC Hap C Tests # RDC Hap C Tests Fashing # RDC Hap C Tests Resistant # RDC Hap C Te	1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Monthle Co.  11. Sinmates of Co.  12. Apployed in 13. Apployed in 14. Apployed in 15. Given 15. When the Third Co.  15. When the Third Thi	y Report To CHAMUNICAE! Hemed to TRC & HCV To HCV To HCV HCV To HCV To HCV To HCV To HCV To HCV To HCV To HCV To HCV To H	ENHFECTI	00 J 09SEASES	24. 6 Hep B Vac 25. 6 New HPV 26. 6 New ARS 27. 6 Gonnoing 78. 6 Chlamydd	ings Gluan Est el L'Gyes a Coses Coses	

Facility / Level:		CLEVI	EL 2		,	Month /	reviers Burgau Year:	DECEMBER 20	16		
		C LET									
HSA Signatus e:	_					Фаса Яер	one Carendo Led:	JANUARY 201	7.		
						Average	Daily Census	291			
Chronic Care Clinks	à Enrett	ed I	Schedulad	Sage	Rehmed		Cifele Visits	Physician	MidLevel	Nursing	т
Cardiac/HDN	12	21	al I	1	-	a. Sched	uled Clinic Visits Seen	97	0	579	1
2. Endocsine/Diabetes	111	7		1	0		J Visits Not Seen	14	0	14	1
3. Gastroingestinat	1 11	19		4			Gyrn Refused	D	0	0	1
4. OB/GYN		۰	0]	<ul> <li>40 mm</li> </ul>	0		Relusals Signed	0	0		1
5. Genito-Urtnery		-1	-	0		0 b. 5ee	curity issues	34	0	34	_
, Hep C		14	10	10		6 Chi	ver Reasons	D	0	D	1
P. HIV		٠		- 0		<b>3 % Be</b> +1	cheduled	190%	0%	100%	_
I. Infectious Dz/INH	16		M: 4	4 4		4. Sogrey	gation Visite	0	0	o	
Meuro/Solame	1.60		4 1		0	5. ADC In	ıt <b>a≜e</b>	0	0	D	7
O. Clibo	1.7	2	1111	1			ystem Transfers		D	41	7
1. Psychiatry	$\overline{}$			a			yscem lintaltes	19	0	79	7
2. Respiratory		s					Physicals		D	D	
9 Special Needs	$\overline{}$	- 4		77.6		9. Intate				D	٦
4 Pain Management		-		0	•		all Health Maintenance	0	D	- 6	7
S. Anticoagulant		- 0					Call Walte Seen	0	0	341	7
Qn-Site Specialty/Se	vices		INTIRA	ARY/LTCU			Call Visits Nor Seen	-0	0	0	٦
, Dialytis	П п	٦,	I. J Observation				all Visins Refused	0	0	0	1
. Diagnostics	0		. # Admit Status		•		aray/Parole Reently		0	114	1
OB/Gun	1 0		, a Housing Star		0		gent/Urgens Seen		0	17	1
Laboratory Sludies	40		. Ø in Gerlagric i		- 0	-	DENTAL SERVICES	Scheduled	1 Seen	Refused	1
. Minor Procedures	0		, # In Hospice C		<del>-</del>	1. Ocnial		57	53	4	٦.
, Akammograms	0	Ť		E DEATHS		2 W Den4		1 1	3	- 0	1
. Nephrology	0	- 1	. Total R of Dea		0		ау Єчеть	0	0	0	1
Optometry Off-SITE		- ;	* Deaths Suicid				al Erares	9	ì	9	1
Radiology Studies	2	—  <del>;</del>	L F Deaths at He		ō	5. Я Доле		3	1 1	0	1
O. Physical Therapy	6		F Depths at Fa		·	7 P Ertre		10	10	0	1
w. r-specar recept	<u> </u>			C-4C)	_	B. R Oil-3		10	0	0	-11
Off-Site Services Con	ender	-				u. n Dan-3			g Sick Call Appointmen		_
ER Ville	1 1	-+		PHARMACY		_	1. # Days pending medical a		E acceptance of the second	M.D. API.	т
a. Admitted from ER	77.6	٠.	. If on Ru	30 02		D0	2. # Days pending denial ap				+
Ambulance Transports	1		. If on MCV Rx	3007	71	- <del> </del>	3. # Days pending psychlate				┿
. Total # of Hospital Admits	1		. I Du HIV on A			<del>                                     </del>	a. w Dala ponding parentab		OFMANCE MEASURES		_
. Inpatient Surgeries	-		• Da AIDS on R			<del>l :</del>	1. R SuAcido Altempts   Hang				┰
	1	_	. A on INH Medi			<del>  :</del>	7 A inmates Receiving force				+
Outpatient Surgaries	_					_			5		┿
Offi-Sign Religionals	3		Completed II		-	+	P Inmates in Therapeutic     P Inmates with Mental He		- db		+
Off-Sine Redemals Approved Off-Sine Reference ATP	0		# on Rullon Ac			-	MISCELLAN		HG G-1110-P		_
			, # on Psych Me			_			In a contract of		_
Off-Size Diagnostic Studies	3	- 9	, If on Ratios MP	ŞA.		-	1. Il Intermal Complaints		4. B HTM Diels		+
O. ON-Sine Specialtry Visits	3	١,	O. al ON-1614 Phy	macy Ru			2. If Formal Guevances		S. Il Cardiac Diets		П
1, # humaics Transported		П.				Π.	1 Fülsberic Diess		1		Т
effer hours/weekends	9	- 12	J. # Paginging mic			,			GLU1EN FREE	-	J
							DEPARTMENT rvices Burgau			( ) ( ) ( ) ( ) ( ) ( )	r
							OUS DISEASES	-			
PADC HIV Tests				LL # Inmates pre			0	23. # Nep # Vac	coner Cluses		$\top$
4 ADC INV Tests Positive			-	17 # Approved to			<u> </u>	24. Thep 8 Vac			$\pm$
# RDC Immates Refused HIV Test		-	-	13 # Completed			,	25. # New HPV			+
# ADC New C Tests		-	0	14 # TSF Green	10,7 (2		34	26 K New MRS			+
		-	-	15 P Newly Co &							+
# ROC Hee C Tests Positive		+					<del></del> :	27 # Gonnoths			+
Amballion of torse police of		+		16. P inmates 151				26 CMamydia			+
		+		17. I Refused LTD			0	29 #Syptutes Ca	tes.		_
a in Clinical HIV Tests		-		16 # TST Convert			- 0	-			
a in Clinical HIV Tests b in Clinical HIV Tests Positive			0	19 # of CKR for L				-			
a R Clinical HW Tosts b R Clinical HrV Tests Positive Jornates Dr AIOS		-									
Females Dr AIOS Inmages Dr HIV		1	0	20. ■ Influe-tra Va				_			
a R Clinical HW Tosts b R Clinical HrV Tests Positive Jornates Dr AIOS			0 12 5	20. • Influenza Va 21. 0 Priesimovau 22. • Ol Boosters	Ghien		0				

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			Month	ly Report To		rvkes Byreau			-
facility / Level:	RECUE	VELZ		_	Month/	Year:	54p-17		
SA Signature:					Date Rep	art Completed:	5-0-1-17		
					Average	Daily Cangos.	291		-
Chronic Cara Clinics	# Enrolled	Scheduled	Seen	Rehised		Clinte Visits	Physician	Midteral	Nursing
Cardiac/HIM		1	1 1	0.45-1	1 Sched	uled Clinic Visita Seco	97		- 1
Endocrine/Diabetes	4 3	3 1	9 0	100	2. Clinica	l Visies Mai Şeşn	14	6	14
Gastrointestina)		/ / /	100		a. Pat	lent Ariused		ė.	0
OB/GYN	0	0			1	Refunals Segment	0	0	٥
Gento-Univary						urite lesues	1 14"	0	14
Hep C	11	- 1				ien Measailis			0
HILY					3. % Rest	the dated	100%	0%	100%
Infectious Dr/INH	0	ol 1		41. 4	4. Segreg	Jahron Visets	0		0
Neuro/Seiture	46. 4	46.1	0 0	91. 4	5. ADC In	1ste	0		0
Ottho			1		6. Intraty	rasem Transfers	D		41
. Paythiawy						otem Intakes	79	В	79
Respiratory	- 1			_	d Cadet		- a	0	
. Special Needs	- 7		1		9 Intake		1 .	1 - 0	
. Pain Management	-					al Bealth Mainlenance		<del></del>	, i
. Anticoagulant	,	-				all Visits Seen	0	a	341
	_		IARY/LTCU			Call Visits Not Seen	1 0	*	0
On-Site Specialry/Sen									
Dialysis	0	J. # Observation		P		all Visits Reluced	0	0	0
Diagrostir s	0	2. d'admit Statu		-6		nge/Pardie Reenary	0	e e	114
OB/G <sub>1</sub> n	D	3. # Howling Sta			15 Ermer	geni/Urgent Seen	0	0	17
Laboratory Studies	32	4, e in Geliatric I	Unit	0		DENTAL SERVICES	Scheduled	Seen	Refused
Minor Procedures	۰	5. Win Nospice C	are .	0	1. Denial	Vigits	37	37	4
Mammograma	0	18MAT	E DÉATHS		2. d Dent	al X-Paps	۰	0	0
Nephrology	٥	1. Total # of Bea	Dis		3. # 30 De	ay Fiching	0	0	
Optometry OFF-SITE	0	Z. # Deaths Suicid		0	4 # Annu		0	0	0
Radiology Studies	ō	3 # Deaths at Ho			5. T Denti		,	·	i o
3. Physical Therapy	ĭ	4. # Draths at fa		-	7. REMIA			·	<del></del>
A 1 THE BEAUTY		4. Potadization	S.III.F		6 FOILS		Ť	ů	ì
Off-Site Sarvices Com	ulas				a x 0-1-3		-	Sick Call Appointmen	
(M. Alter			PHARMAO					C PRINCIPAL HISTORY	M.D. APT.
	3				_	). # Days panding medical a			M.U. API.
s. Admitted from EA	) D	t, if per Au	30.02	7%	19	? R Days pending densal app			
Ambulance Transports	_	7. Bon HÇV Ru				<ol> <li>P Days pending psychiatra</li> </ol>			
Total # of Hospital Admits	1	3. # Dx HIV on R			۰			PRIMANCE MEASURES	
IND A CLARK SAME SAME SAME SAME SAME SAME SAME SAME	•	4. # De AIDS on A			•	1 Secide Attempts (Hang)			
Outputient Suizeries	9	S. For MII Weds	i		- 4	2. # Inmates Receiving force	d Psych Medication	ι	
Off-Site Relevats	0	6. # Completed II	Net (For LTB0)		•	3. Eliminates in Therapeutic (	legiscant's		
Off-Site Referation Approved	0 1	7. A on Railes Ac	tive 18			4 diamates with Mental He	alth Treatment Gus	• <b>eu</b> mhip	
Off-Site Relevals ATP	0	∅ F on Psych Ma	ds		0	MUSCELLAME	OUS		
Off-Site Oisgnossic Studies		9 For Por for MR			0	1. #Informal Complaints	1 3	1. # HIN Costs	
Off-Site Seedality Visits  # Inmates Transported		10   Off-site Phy			٥	2. # Formal Galevances	•	5. # Cardiac Drets	
after hours/weekensh	0	11 Nosegme			0	2. P Ouberk Own		diville last	
						ryices Burnay			-
						OUS DISEASES			
A ROC HEV Tests		-0	11. Alternates pro			0	23 F Hen A Vec	Ine Given	
# NDC HIV Tests Positive		0	12. # Approved for			i	24. R Hep B Van		
# RDC Inmates Refused HIV Test		9	13. Completed			ů	25. P New HPV		
# RDC Hep C Tests		0.	14. # 157 Givan	THE P IL		14	26. 4 New MRS/		
		0							
R NOC Hep C Tests Positive			15. # Messer Du A				27. Il Gonnaihe		
# POC Hop C Tests Refused		<u> </u>	16. Firemates TS			0	28. 4 Chlarmydu		
a, # Clinical HIV Tests		• _	17. 4 Refused LTI			0	29. # Syphilis Ca	iei	
b. # Clinical J4IV Tests Positive		0	III A TST Conven						
Inmates Ox A105		U	19 Fol COntor L			0			
Inmates Da HIV		۵	20 #  hffuents Vi			- A			
		٥	21 # Preumover	Gluen		q			
a. # Climital Hep C Tuttl b. # Climital Hep C Texts Positive		-	22. A Df Boasters			D			

omendad (c			Mor	thly Repor	Te I	Heath So	DEPARTMENT			-30
toping Davis	ACC LET	VEL 2				Month / 1	fear	No.17		-
Magazine						Darley	ne Samplered	Telebrary		_
							Dally Crossus:	104		
Dhronic Care Diinigi	# Enrelled	Scheduled	Sten	Patra			Clinic Value	Physician	Mellevel	Runing
Candiac/MTN	# 10		3	4 4	-	1. Shed	ded Clark Visins Seen	Ac	34	74
Endocrine/Diabetes	100	0 1	- 1	0 0	- 4		Milts Not Seen	9	6	15
Gaggi pintegrinal	JUL 4			4			ieni Relused	9	6	0
08/GYM	al e	0 0	cl	• •			Returnit Signed	9	6	0
Genito-Urinary				q	•	b. 54c	to lty tesure	0	0	۰
Нео С	24	34		24)	(0	⊏ Oth	es Reasons	0		· •
, WV				٥	0	3 to Reta	heduled	100%	100%	100%
Infectious Or/INH	ol #	0 1	0	- 6			ation Visits	-0	D	D
Neuro/Seizure	4	10 10	- 11	# 4	0	S. ADC In	take	0	0	0
0. Ortho		0		0	0	6. Intraty	atem hamifers		•	10
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Facility / Level:	ACC LI	VEL 2			Month /	Year:	Oct-17			
ISA Sagmabure:	_				Date Rep	er) Completed.	3-Nov-17			
					Ayerage	Daily Centus:	299			
Chronic Care Dinler	# Enrolled	Schedulod	Seen	Balused		Clinic Visits	Physician	MidLevel	Newtog	Т
Cardiac/H1N		5 0	1 5	1.1	3 Sched	uled Clanc Yolks Seen	79	27	3-6	3
, Endocring/Digberes	2 1	10.	3 6	0 0	2. Chaica	Visita Not Seen	3	6	11	1
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Pain Management						al Health Maintenance	- 4	D	,	4
L. Anticsagulant			0	ð		Call Warts Seen	0	9	110	4
On Site Specialty/Sur			LART/LTCU			all Vigita Not Seen	0	9		4
Dialysis	D	1. # Observation		0		all Virias Rofused	ď	Ó		4
Diagnost of		2. # Admit Status		٥		arge/Parole Reenery	G G	0	D	1
OB/Gyn	٥	3. # Housing Stat		D	15. Erner	gent/Ungerit Stein	0		10	1
Laboratory Studies	93	4. # In Gerlageig !		D		DENTAL SERVICES	Schedu∉ed	Seen	Refused	J
Minor Procedules	. 0	5. #In Hospice C		0	1. Denial		n	62	1	1
Mammograms	0	IMMAT	E DZATHS		2. # Den4	al It-Rays	0	0	0	J
Nephrology	0	1 Total # of Deal	ths	0		gs/Cleanings	5	5	0	1
Colorein 12 OFF-SITE	0	2. # Deaths Su-cid		a a	a, # Anna	al Etams	3	11.0	0	4
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), Physical Therapy	0	4 P Deaths at Fa	raty	U	7. @ Extra		10	10	0	ı
					a. # Offis		0	0	9	Ц
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a, Admitted from ER	a	I. If on Re	99.15	<u> </u>	107	2, # Days pending dental age				4
Ambutance Transports	٥	2. R on HCY Rc				3. # Days pending psychratry				L
Total # of Hospital Admits	0	3. • Da HIV on R			a			DRMANCE MEASURES		
Impaniene Sangeries	0	4. # Da. AIDS on R			a	1. # Sulcida Attempts (Hangi				1
Outpatient Suigeties	٥	5. ili on INII Medi			-	2. #Immares Receiving force		4		1
Off-Side Redaurals	2	6. 4 Completed II			a	3. Cinmates in Therapeutic I	Sectivalists			1
Off-Sing Retainals Appeared	<u> </u>	7. # on Rulos Ac			۰	4. # Innvares with Mental He		e dianahep		Т
ON-Ste Referals ASP	0	B. # on Psych Mi				MIŞCFLLANE	zuor			_
ON-Site Diagnostic Studies	5	9. Fon Reige MR	ISA .		-	1 A Informal Complaints	0	4. P3/TN Diets		1
ON-Site Specialty Visits	0	10. o Offising Phy	Hillywych Ru		١.	2 A Formal Gilevances		S. & Cardiac Deets		ı
# temated Transported after hours/weekends	0	11. # Nursing me	£1:		·	3. N Dřabenk Dřem	١.	GLUTEN FAIR		T
alter sporty recession	· ·	211 1 1 1-1 1-1				DEPARTMENT	, ,	- Advisory	17 64 7	è
						tykes Bureau			30	•
						QUS DESEASES			-	
a ROC HIV Texts		0	11. Ø Vermanes pro			0	23. d Hep A Vec	dom Given		т
4 RDC HIV Tests Positive		0	12. # Approved t			0	24. # Hep B Vac			t
I RDC Implates Religion HIV Test		0	13. # Cormpleted			0	25. # Hew HPV	Carr		1
AOC Hep C Tests		0	14 # TST Gluen			12	76. # Hew MRS			t
ROC Hea C Tests Positive		0	15 F Heady Dr.A	ride TA		0	27. ≠ Gorworhe			t
HOC Hep C Tasks Refused		0	16. # Inmates 15			0	28 # Chlamydia			t
P Chinical HIV Tests		0	12. # Refused (1)			<u> </u>	29. # Syphills Ca			t
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b of Chinical Hity Tests Positive  Number Du AIDS  Inmates Du HITV  La of Clinical Hep C Tests  b. If Clinical Hep C Tests Positive		0 D	20. # Influenza V 21. # Pptumpvas 22. # DT Booster:	Given		4				

						DEPARTMENT Ervices Bureau				
FacMity / Level:	ACCIE	vit I			Month/	Year-	Nov-17			
HSA S-gnature:			_	-	Date Rep	art Completed	6-Dec-17			
		•		-	Average	Daily Centus:	329		-	
Chronic Care Clinks	TERREMAN	Scheduled	Seen	Retused		COnk Valts	Physiden	Midleve	Marylag	_
1. Cardisc/HTN	4 29	al p		- 10 1	1. Sched	uled Clinic Visits Seen	79	36	115	1
2. Endocrine/Diabetes	4 6			11 1		Visuts Mot Seen	32	10	31	1
3. Gastrointestinal				5 1		lent Refuned	12	10	10	1
4. 08/GYN	9 .			0 0		Refuse's Signed	12	10	10	1
5. Genito-Winaly		-				uilly issues	0	0	14	1
6. Нер С	33	55		12		II Reasons		1.0		1
7. HIV					3. % Rest		100%	100%	100%	1
8 Infectious De/mas	4 4				_		0	-0	,	1
9. Meuro/Sciture	41 4	0 0		9 4 9		ration Vitals	<u> </u>		•	-
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11. Psychrany						ntem Intakes			52	-
17 Mespiratory	3	J		)	B. Cades		•	•	- 0	4
13 Special Needs	- 1				9, inlake		0	٥	٥	4
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Ou-Site Specialty/See	Aces	INFIRM	IARY/LTCU		12. Sect (	all Yusts Not Seen	0	0	. 6	
1. Dalges	0	1. # Observation	Status	0	13 Sex C	M Visits Refused	٥	Q	0	1
2. Diagnostics	0	2. # Athmit Status		a		ga/Parote Reentry	0	0	۰	7
J. OB/Gyn	0	3. # Housing Stat		0		gent/Wgent Sueh	179	0	2	٦.
4. Laboratory Studies	93	4 # In Genutric t		0		DENTAL SERVICES	Scheduled	Seen	Refusod	1
5. Minar Proceduras	0	S. # In Mospace C		0	1. Densal		137	127	15	┥
6. Mammagrams	<del></del>		E DEATHS	<u> </u>	2 A Dent		0	0		-
	-	1. Total R of Dear		T 0	_		34	34	·	-
7. Nephrology				-		ty/Cleanings		57	0 -	-
8. Octometry 44 OFF-SITE	0	? # Deaths Sussis			4 s Aprell		23		0	+
9. Radiology Studies	0	3 # Deaths at the			5. # Dent		16	16		4
10. Physical Therapy	a	4. A Deaths at Fa	tility	0	7. II [atla		20	20	0	-
					8 = ON-6		0	D		
Off-Site Services Core								, Skii Cull Appoleume		_
I. ER Ville	1		PHARMAC			1. # Days pending medical ap			M D API.	
a. Admitted from ER	0	1. of on Re	33.1	%	107	2. A Days pending dental app				
2 Ambulance Transports		Z, Mon HCV A <sub>A</sub>			•	3 in Days pending psychiatry				0
3. Total # of Hospeta) Admets	. 0	3. # Dawly on Au			•		PSYCHIATRY PERF	ZERLEASIM SCHIAMPK		
4. Inpublicat Surgeres	0	4, a On AIDS on A	T			1 # Suicide Attenuts (Hangle	ng, Mad Overdose,	euc, )		0
5. Otapatieni Şaugniles	0	5. # on INH Meds			•	1. # Immates Receiving forces	d Psych Medication			0
5. Off-Site Referrals	13	6 # Completed #	NH (For USBI)		4	3 diamentes in Therapeutic P	lestraints			- 0
7. Off-Site Referrals Approved		7. # on fir for Act			,	4 diameter with Memal He-		rd-(rship		0
8. Off-Site Refereals ATP	2	8. F on Psych Ma	ds		0	MAISCRILLABOR	ous			
9. Off-Situ Ciagnostic Studies	6	9. If on the for MA	KA.			1 # Noformal Complaints		4. MHTN Diets		T :
					<u> </u>					1
O, Off-Sine Specialty Vista	2	10 4 Off-site Pha	етасу Вк		۱ .	2. 4 formal Grievances		5. # Cardiac Diets		۰ ا
1. a Inmates Transported										$\top$
after hours/weekends	0	11. # Horsing me	Hate notesib		0	1. 4 Bluberly Dheia	4	GLUTEN PIEE		a
			NEW N	IFYIKO CORR	ECTIONS	DEPARTMENT			- Marie	
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FR0CHIVTets		0	11 d jamates of			0	23. If Hep A Vac	noes Gluce		٠,
L P ROC HIV Tests Positive	$\overline{}$		12 # Approved			ò	24. A Hep B Vac			-
L II ADC Inmates Refused HIV Test		0	13. # Completes			- <u>×</u>	25 K New HPV			10
	$\overline{}$		14. # TST Given			10	26 # New MRS			+ 5
# RDC Hep C Texts										_
# ROC Hep C Tests Positive			15. # Nately De a			0	27. F Gannerhe			+÷
# ADC Hep C Tests Refused		0	16. diferentes 1:				28. R Chilamydia			
. a If Clinical HIV Tests			17. # Refused LT				29 # Syphilis Co	195		٠ ا
b, # Clinical HIV Tests Popinive		0	18. #15f Cenve			. 0				
l, immates De AIDS		D	19, Ø ol ÇKR İqı			1				
. Inmates Ox IPV		0	20. a influenta?	lactions Given		41				
D. a. d Clinical Hep C Tests	$\neg$	W 1	21, й Риссепота			131				
b. # Clinical Hep C Tesas Positive		D	22. # DF Bookte	1 Ghen		1				

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		(Carlo)			0-1-0	ort Completed:	10-19		•	
SA Signature:				•					•	
						N/A property	309	_		
Chronic Care Clinics	# Enrolled	Scheduled	Seen	Relused		Crimic Visits	Physician	Mediavel	Humbig	T
Cardiac/IITN	1 2	0 3	9	10.79	). Schedu	aled Clinic Visits Sean	52	16	64	]
Endocrine/Dubetes	8 4	7 1	2 1			Visits Not Seen	17	2	13	1
Gestroinlestinal	0					cent Refused	10		12	4
DB/GIN	0 1	0 0		0 0		Refusals Signed	10	7	17	4
Genno Urinary	. 0					urity knuos	7	0	. 7	4
Plep C	78					er Beasons	۰	0	0	4
HIV.	۰				3. % Resc		100%	100%	100%	4
Infectious Du/JNH	0 0	0 0				ALion Visits				4
Neuro/Selzulo	0 0	0 •			S. ADC IN			0	0	4
. Ortho						ssem Transfers	•		12	4
Psychiatry	1.8			_		otem Intakes			19	4
Respiratory			0	0	EL Cadut I		1		1_	4
Special Meeds		-		۰	9 intake					4
Pain Management						a) Health Maintenance	5 0		95	4
Anii pagulant						all Visits Seen		°		4
On-Site Specialty/Ser			ARY/LTCU	_	_	all Visits Not Seen	D	0	0	4
Niebyeit .		1. # Observation		0		all Yours Refused	D			4
Diagnostics		2. A Admit Status		D		ge/Parole Reentry	-0	0	9 dan	4
08/G <sub>1</sub> n	0	3 # Housing Stat		0	15 Emeri	gent/Urgent Seen	0			4
laboratory Studies	148	4. If in Gernatine U		٥		DENTAL SERVICES	Schedulad	Seen	Refused	4
Ahnor Procedules	1	S. Rin Haspice C		D	I. Dental		125	115	D D	4
Mammograms	0		E DEATHS		_	al X Rays		•		4
Heg-tralogy		I Total Hell Dest		-0		rs/Cleanings	20	20	D	4
plometry 0 OFF-SATE		2 W Deaths Sweet		٥	d, d Aheni		30	30	- 0	4
Radialogy Studets	0	3 Deaths of Ho			5. # Demi		- 4	B 10	0	4
Physical Therapy	۰	a, d Deaths at Fa	lith	Ð	7. #Enta		10	10	D D	4
	- 6-				8. = ON-S		O Teach	Skk Call Appointmen		4
ON-She Sepulcas Con ER Visits			PHARMACY			1. # Days pending medical a		saca Call Appointme-	MLD. APT.	$\overline{\tau}$
	1.								MAD. AFT.	+
Admitted From FR		2. F on Rx 2. F on NCV Rx	31.69	76.	101	2. P Days pending derital app 3. A Days pending psychiatry				┪
Total # of Morpinal Admins		3. # Da Hiv on Ru			<del>ا ،</del>	2 w Daltz between B hearmann		MMANCE MEASURES		-
		4. 4 Dr AIDS on A			-	1 a Spiside Alternois (Hangi				т
Apations Surgeries		5. 4 on INH Meds				2. # Impates Receiving focus				+
Outpatient Suigeties		6. # Completed #			-	3 If formating by This pagestic I		,		+
Off-Sine Referrals NF-Sine Referrals Approved		2. € on fix for Act			<del></del>	A if franchtet with Menial He		-Asserble		+
ON-Sing Referrals ATP		a. if on Psych Me			-	MISCELLAND				_
		5. # on Axio: MA			<u> </u>	1. # Informal Complaints	1	4 M HTN Diets		Ŧ
DIV-Site Okugog <u>ortic Studies</u>	<del>- "  </del>	S. IF DELAN ION MER	34		-	I' a nuthanilin Columbialing	<del></del>	4 majir died		+
Off-Site Specialty Virius	4	10. # Onl-site Pha	тасу Ян			2 di Format Grievances		5. # Çardiac Diers		┙
		11. # Nursing me	diamien euros		0	1. 4 Clabult Circu	١.	GLUTEN FACE		4
		17. when his firmed		EXICO CORR	_	DEPARTMENT				Ì
				. A T. I	Bualth Sur	ruices Bureau			-	
	·									_
			cc	DMMUNICAB	LEANFECTA	OUS DISEASES				_
after hours/weekends		٥		DMMUNICAB	LEANFECTA	0	23. # Hep A Vac			
RDC HIV Taxes		0	cc	IMAtureCAB	LEANFECTA	0	74. # Hap B Vac	ines Green		1
RECHIV Terri		-	11 Completed 12. CApproved N 13. Completed	DMANUNCABI exented to TRO or IJCV Tx	LEANFECTA	0 0	24. # Hep B Vac- 25. # Hew HPV I	lines Green 3145		1
RDC HIV Terri RDC HIV Terri RDC HIV Terri RDC HIV Terri RDC Immater Refused HIV Terri		0	11. 4 immates are 12. 4 Approved by	DMANUNCABI exented to TRO or IJCV Tx	LEANFECTA	0	74. # Hap B Vac	lines Green 3145		1
RDC HIV Tasss RDC HIV Tasss RDC MY Tests Positive RDC wonster Refused HIV Test RDC Hip T Ests RDC Hip C Tests RDC Hip C Tests RDC Hip C Tests RDC Hip C Tests		0	11 # immales are 12. # Approved N 13. # Completed 14 # TST Green 15 # Newly Dr A	DMMUNICABL exerted to TRC or IFCV To IFCV To EQUE TB	LEANFECTA	0 0 0 15	24. # Hep B Vac 25. # Mgw HPV I 26. # Hew MRS# 27. # Gormothe	Ines Green ases Cases Cases		
RDC HIV Tests RDC HIP C Tests RDC Hip C Tests RDC Hip C Tests RDC Hip C Tests		0	11 # immates are 12. # Approved h 13. # Completed 14. #TST Green	DMMUNICABL Exerted to TRC or IFCV TE IFCV TE	LEANFECTA	0 0 0	24. # Hap B Vac- 25. # Mgw HPV I 26. # Hew MRSA 27. # Gormothe 28. # Chlamyda	Ines Green Stes Casas Casas Casas		-
REC HIV Tests Positive RDC HIV Tests Positive RDC Hop C Tests Rowled HW Test RDC Hop C Tests Rowled RDC Hop C Tests Rowled RDC Hop C Tests Rowled		0 0 0	11. # Immeles are 12. # Approved N 13. # Complessed 14. # TST Green 15. # Newly Dr. & 16. # Immeles 151 17. # Refused 116	DMANUNCAB exented to TRO or BCV To HCV To sure TB I work LTB BI Prophylasis	LEANFECTA	0 0 13 0 0	24. # Hep B Vac 25. # Mgw HPV I 26. # Hew MRS# 27. # Gormothe	Ines Green Stes Casas Casas Casas		
REC Hours/weekends  RDC HIV Tests  RDC NIV Tests Positive  RDC NIV Tests Positive  RDC Hop C Tests  RDC Hep C Tests Positive  RDC Hep C Tests Positive  RDC Hep C Tests Positive		0 0 0	11. 4 Immutes me 12. 4 Approved N 13. 6 Completed 14. 8 TST Green 15. 6 Newly Dr A 16. 8 Inmutes 151	DMANUNCAB exented to TRO or IPCV To IPCV To suite TB I work LTB0 B1 Prophylanis	LEANFECTA	0 0 0 15 0	24. # Hap B Vac- 25. # Mgw HPV I 26. # Hew MRSA 27. # Gormothe 28. # Chlamyda	Ines Green Stes Casas Casas Casas		1
I RDC HIV Tasss  RDC HIV Tasss  RDC HIV Tasss  RDC HIV Tasss  RDC Demoster Refused HIV Test  RDC Use C Tasss  RDC Use C Tasss Restrice  RDC Use C Tasss Restrice  RDC Use C Tasss Restrice  RDC Use C Tass Restrict  RDC Use		0 0 0	11. # Immeles are 12. # Approved N 13. # Complessed 14. # TST Green 15. # Newly Dr. & 16. # Immeles 151 17. # Refused 116	DMMUNICABL exerted to TRC or BCV To HCV To Equile TB F with LTD B1 Prophytoris tern	LEANFECTA	0 0 13 0 0	24. # Hap B Vac- 25. # Mgw HPV I 26. # Hew MRSA 27. # Gormothe 28. # Chlamyda	Ines Green Stes Casas Casas Casas		1
after flours / weekends  R RDC MIN' Tests  R RDC MIN' Tests Positive  R RDC MIN' Tests  R RDC MIN' Tests  R RDC MIN' Tests  R RDC MIN' Tests  R C MIN' Tests  R C MIN' Tests Positive  R RDC MIN' Tests Positive		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11. # Immales are 12. # Approved N 13. # Complessed 14. # TST Goven 15. # Newly Dr. & 16. # Immales 151 17. # Refused 115 18. # TST Convert	DMATUNICABLE Exerted to TRC or HCV Tx HCV Ts Equit TB T with LTB SP Prophytoris ters TBOTB	LE ÁNFECTA	0 0 0 13 0 0 0 0	24. # Hap B Vac- 25. # Mgw HPV I 26. # Hew MRSA 27. # Gormothe 28. # Chlamyda	Ines Green Stes Casas Casas Casas		-
A RDC HIV Taxas  A RDC		0 0 0 0 0 0 0	11. 4 Immales and 12. 4 Approved N 13. A Complesso 14. A TST Green 15. A Newly Dr. A 16. A Immale 151 17. A Refund LTI 18. A TST Convert 19. Mal CHR for L	DMMUNICABLE CARREST TE	LE ÁNFECTA	0 0 0 15 0 0 0 0	24. # Hap B Vac- 25. # Mgw HPV I 26. # Hew MRSA 27. # Gormothe 28. # Chlamyda	Ines Green Stes Casas Casas Casas		1

<u> </u>					Health S	DEPARTMENT Prvices Bureau			
Facility / Level.	RCCLE	VEL 7			Month/	Tes:	Jan-18		100
S& Signature:					Cate Rep	ort Completed:	3-Feb-16		
				_	Average	Daily Census:	309		
Occanic Care (Bnice	F Enrolled	Scheduled		1 4.5	_	All-a-bal-ba-	Physician	NedLevel	Horslag
Cardiac/HIN	a concolled	SCREGUISS	Seen .	Refused	I Tabad	Clinic Visits	52 52	79 VerdifdAdd	SS SS
Endocrane/Dalveter	3					at With t Mot Seen	37	3	19
Gintaintestina!		-1		0 0		ilent Refused	10	1 1	12
OB/GYN				4 4		Refusels Signed	10		32
Genilo-Urinary	-	, o					10	0	7
	-					Calling House		_	,
Hep C	37					h r Reasons	100%	100%	100%
	00 1		<del> </del>		3. % Res				
Infectious Dr/MH	36 4	a 6				estion Visits	-	0	0
Meuro/Seiture	(10) H	0 0	ol -		5. NOC M		a	0	0
0. Ortha	۵	0		• •	6. leneat	ystem Transfess	. 0		12
Psys hiatry				0	7 Prilias	ystem Intakes	0	0	16
. Respiratory	- (			a .	B. Cadet	Physicals	1	۰	1
k. Special Novek	- 4	-		0	9 Imake	H6-P	-	0	٥
I. Pale Management	•			à		ial Health Maintenance	5	0	5
Anticoggulant	-					C-II Visita Seen	+ 6	<u>i</u>	9.5
On-Site Specialty/Sen		_	APV/LTCU			Call Visits Not Seen	+ ;		0
Diahan				_				_	0
		1 FOlivervation		0		all Vists Refused		- 0	
Diagnostics	0	2. # Admirt Status				a ge/Parole Recolay - 7/37	0	0	0-Jan
. OB/Gyn	q	3. Il Housing Stal			15 Emei	Erni/Uigent Seen	ð	D	0
Laboratory Studies	142	4, 11 in Gerlatiec t				OEATAL SERVICES	Scheduled	Seen	Refused
Minor Procedures	1	S. Sien Honglag Ca	ere.	0	1. Dentai	Vision	124	142	25
Mammograms		MMATI	DEATHS	.50	2. A Deni	al X Rays	0	7	0
Nephielogy	0	1. Iolal # of Deat	hş	0	3, difilling	gy/Cleanings	63	67	13
Opigmemy 6 OFF-STTE	6	2. If Deaths Suicid			d, à donn		36	30	В
Radiology Studies	ò	3. # Deaths at Ho			5. # Dent		- 4	9	2
3. Physical Therapy	, D	4. 4 Deaths at Fai		<u> </u>	T. B Cate:		15	33	1
a riigacar riairapy	-		,		0. # OIFS				n n
OK-Site Services Cons	- Inc				4 OI-2			C Siels Call Appointmen	
£A veils	φ		PHARMAC		_	1 F Days pending medical as		Carte Che Sebassina	MIO APT.
									W U PPI.
a. Admitted from ER		1 A on Ar	36.1	5%	30>	2. R Days pending dental app			
Ambulance Transports	0	2. A on HCV Re				3 # Cays pending psychiatry			
Total # of Mospital Admits	0	3 N On Hill on Re						DAMANCE MEASURES	
Insulient Sutgeties	0	J UD×A 06 cm R	,		0	1 #Sulode Attempts (Hengi	net. Med Overdose.	etc 1	
Outpatient Surgeries	0	5 For Mi Medi			٥	2. Alemates Recenting forces	d Psych Medication	1	
Off-Site Referrals	6	6. Il Completed P	All (For CTDA)		۰	1 A transites in Therapeutic I	tes in all rits		
Off-Site Referrals Approved	6	7, if on Rafor Act	lire TB		•	4 a housely with Merdal He		i dianship	
Oif-Site Referrals ATP	۰	B. # on Psych Me			•	MISCELLANE			
Off-Site Diagnostic Studies	•	9. # on Ra for MA				1. #Informal Complaints	,	4 g H3N Dien	
Get Steeling Green Steeling	•	31 - O1141 10- 14-1			Ť	P. THEORIE COMPANIE	<del></del>	- WITH OICH	
Off-Site Specialty Visits		10. # Off-site Pha	emary Br		١.	2. # Format Grievances		S If Cardias Diets	
. It immates frameported		201 - 2-1 /// 21/0			<del>-</del>		+		
after hours/weetends	0	11. # Nurseng me	Secarion errors		٠.	). 4 Dubate Dets.	ь	GLUTEN FREE	
T				EVICE COR	FETTANE	DEPARTMENT			100
						sajóda galasan Danwa Inscial			
						OUS DISEASES		_	
€ RDC HWTests		٥				0	23. A Hep A Vac	days officer	
			11, d'annates pa			· ·			
# ADC HIV Tests Positive			12. d Approved				24 Hea B Vac		
# RDC Innexter Artised HIV Test			13. # Completes			•	25 I New HPV I		
# ROC Hap C Tasks			14. # IŞT Given			27	2G. # New WASA		
# ROC Hea C Tests Positive		0	15. # Newly Day	tegie TB		C C	27. Ø Gonnorhe	a Cases	
a ROC Hea C Tests Relused		0	16. Alemakes IS	Twith LTBI		0	28. # Chlanwydia	Cases	
n. # Chalcal HIV Tests		0	37 4 Refused Li	Bl Prophylans		0	29. # Syphilis Ca	.e	
b. A Clinical NIV Texts Positive			13. 4 151 Conve	ilera		i i			
Inmares De ASDS		0	19. Fol CKRige			0			
Inmates Ox HIV			20 # Influence \			i			
a. # Clinical Hep C Tests			21 # Pneumovan			•			
b. # Chaical Hep C Tasts Positive			22. # D1 Booster						
			as- n Os trappid						

	1, 1915	OR CO.				DI PARTMENT ENICES BUCESU	66334		-20	
Facility / Level:	dist.	MILE.			Market	No.	500:18		afi	
HSA Signature:					Advise	erfundent:	3-Mar-18			
					Average	Bally Census:	293		_	
Chronic Care Clinics	d Inrolled	Schrduled	Seen	Refused	_	Citate Visita	Physician	Midlevel	Prioriting	_
1. Cardios/INTN	0	4	0	el .	1 Crhes	ared Chruc Waits Seen	34	18	52	1
2. Endocrine/Diabetos		4	1 0	2		il Visits Not Seen	-		12	1
3. Gastrointestinal	100		, ,			ion Refused	1 -	-	12	1
a OS/GYM	6] 8	0				Refusals Signad	- 4		12	1
5 Genito-Unimaty		1 1 1	9			urity insues	0	0	۰	1
6. Hep C	19	19	12		c 0th	re Reasons		0.		1
7. Hiv			0		3. % Res	heduled	100%	100%	100%	]
8. Infectious Os/ANI4	(a) a	0 0	0 0		4 Segres	garige Visigs	D	D		7
9. Neuro/Selume	- 16 6	01	0 0	4.5	5 ADCIN		0	۰		1
ED. Ortho	101 1					aten Transfers	0	0		1
11. Psychoatry		- (			_	gitem kolakes	- 0	D	D	1
12. Respiratory					6 Cadet		0	4	-	1
13. Special Needs	1				9. Intake		. 0	0	4	٦.
14. Pain Management	<del>                                     </del>	-				al Health Maintenance	4	0	. 1	1
15 Anticoagulare	<del>                                     </del>	<del></del>				all Visios Speci	0	· `	132	1
On-Site Specialry/Se		IMPON	ARY/LTQU			all Visits Not Seen	0			1
I. Dialysis	D	7. # Observation				II Multi Refused	,	0	0	-1
2. Diagnostice	0	2, # Admit Statu:		•		rege/Parole Reentry - 7/37	- č	0	0-Jan	-
J OB/Gyn	ř	3. # Housing Shall		Ď		gent/Urgang Seen	9		0	-
4. Laboratory Studios	108	4. 8 in Gerlagrie		-	13. Cirmit	DENTAL SERVICES	Scheduled	Seen	Refesad	-
5. Minor Procedures	1	5. # in Hospice C		-	1. Cental		60	54	19	4
6. Marnimograms	<del></del>		E CEATHS	_ •	2. # Denk			0		-
7. Nephrology	·	1 Total 6 of Deal				ar Armays cs/Clearwings	23	28	97	-1
8. Optometry 4		2 4 Deaths Sulpic		0	4. # Annu		23	16		-1
9. Radiology Studies	-				_		5		2	4
9. Physical Therapy	0	<ol> <li># Dooths at Ha</li> <li># Dooths at Fa</li> </ol>		0	5. of Dent 7. A Embra			17		4
10' subtrest tastable	<u> </u>	A DOMESTICA	Cuith		B. P Offis					-
Official Sandray Con	enilla.				B. P QRI-S			Skik Cull Appointmen		_
I. ER Visio	0		PHARMACY		_	1. * Days ponding medica a		Sign Cally position	JA D APT.	7
a Admined from ER	9	J. # gen Ru	32%		94	2 Days bending dental ap				*
2 Ambulance Transports	0	2. 4 on HCV Ru	25.74		- "	P Day's pending psychiatry				0
3. Total # of Hospital Admits		J. # Dv HIV on R.			<del></del>	- respectively property		XUMANCE MÉASURES	_	
4. Inpatient Surgeries		4. 4 Dr Albs on B			i i	1 4 Suicide Artemens Elfanti				
5. Ourpatient Surgeries	0	5 # on INH Medi			<del></del>	2 a humates Receiving losse				1 0
6. Oil-Site Referrals		6. # Completed B		_	<del>- : -</del>	3 à Inmares in Therapeurie		•		1
7. Off-Size Referrals Approved	0	7. If on Ra for As			<del>  ;</del>	4 di Cormages with Migrical He		rational bio		0
6 Off-Site Refereals ATP	- 0	B. If on Parish Me			-	MISCELLAN		- Canada		
9 Clif-Sile Diagnostic Studies	-	9. A on Reion MA			-	I. e intermal Complaints	•	4. at HTM CSets		1 0
9 COP-SHE URIGINGS LIKE STUBLES	· ·	9. R ON HE ION MAIN	NA.			I, Pipigrmin Complaints	-	4. a III IA CANS		+÷
10 CHI-Site Specially Visits		TO, # Off-IN+ Phy	emacy Be			2. # Formal Gelevances		5. # Cardiat Diets		١.
11 minumes Transported			,		i					-
after hours/weekends	0	11. # Notting me	dication errors		۰	3. # Dilaberk Diacs		GLUTEN FREE		0
1			NEW MI	ЕЖІСО СОИЯ	ECTIONS I	DEPARTMENT			7 10	1
			Monthly	Report To	Health Ser	rvices Buteau				
						TERCEBURE				
1. #RDC HIV Tests		0	11. Glamater pre	sented to TRI		O O	23. P Hep A Vaco	unes Ghven		
Z. #ADC HIV Tests Partition		D	17. # Approved to	n lith ir		0	24. A Hep @ Vate	Ines Given		1
3. FRDC inmaner Rejused HIV Test		D	13 # Completed	HCV To		_ 0	25 # New HPV (	ases		- 0
		•	14 #TST Glyen			22	26 # New MRSA	Cones		
		0	15. # Heaty Dr. As	oute 1B		0	27. ■ Gornovhe	a Cares		
I, #ROC Hep C Tests				_		0	28. # Chlamydia	Carea		
A. # RDC Hep C Tests S. # RDC Hep C Tests Positive		0	16. #Inmates 151	Twist LTBI						0
A. # RDC Hep C Tests S. # RDC Hep C Tests Positive 6 # RDC Hep C Tests Returned		0	16. #Inmates 151 17. # Relused LTB			٥	79. # Syphilis Ca	146		
A. # RDC Hep C Tests S. # RDC Hep C Tests Positive 6 # RDC Hep C Tests Returned				II Progenskriis	_	0	79. # Syphilis Ca	iet.		<u> </u>
A, # RDC Hep C Tests  S. # RDC Hep C Tests Positive  G. # RDC Hep C Tests Refuned  Z. a. # Clinical HIV Tests  b. # Clinical HIV Tests Positive		0	17. A Relused LTB	II Prog <b>i</b> ndanis Iers			79. # Syphilis Ca	144	2.0	
A, #ROC Hep C Tests  S. #ROC Hep C Tests Positive  G. #ROC Hep C Tests Refuned  T. a, #Clinical NEV Tests		0	17. A Relused LTE 18_ # TST Convert	II Pr <b>opi</b> nskriis Iers 1841B			79. # Syphilis Ca	144	برا کی	
A. # RDE Hep C Tests S. # RDC Hep C Tests Positive S. # RDC Hep C Tests Reduced Z. a. # Clinical HIV Tests b. # Clinical HIV Tests b. # Clinical HIV Tests b. # Clinical HIV Tests		0	17. A Religied LTB 16. IF TST Convent 19. It of CRA for L	II Prophylanis Iers 184/18 rocines Giren		٥	79. # Syphilis Ca	144	ATT.	

HSA Signalule Date 3/5/25

111						DEPARTMENT Prikes Buseau				
acility / Level:	RCCI	EVÉL 3	_		Month /	Year:	Mar-18			
ISA Signature:					Date Rep	ort Completed.	5-Apr-16		_	
				-	Average	Dulty Census	298		_	
Owerste Care Olivies	Penrolled	Schaduled	Seen	Related	1	Clinic VAIts	Physician	MidLeve	foursing	7
. Çarğış(/HIN	a	0	2 4 4			uled Clinic Visits Seen	50		51	_
. Endoceine/Diabetes		<del></del>	2	0		Visits Not Seen	15	11	26	4
. Gastrointestinal		3	3			iem Rafusad	15		72	4
. OB/GYN			9 9			Relucate Signed	25	Đ	35	4
. Genlby-Urinary		-	0 0			urity issues	•	- 11	11	4
. Hep Ĉ		• 1				er Reasons	0	9		-
. HIV			•		0 3. % Reno		100%	100%	100%	-
, Mections DL/IMH			<b>a</b> 4		a 4. Seging			0	0	4
. Neuro/Seuwe			0 0	1	a S. RDC in		- 0	D	0	4
0. Citho	<u> </u>		4	ļ		ratem Tramplets	0	0		4
I. Psychiatry			4 6			a tem kritiket			0	4
7. Respiratory				۰	8. Creiri		( 0	. 7	2	4
3. Special Needs		,	2 7		9. Intele		0	0	0	4
4. Pain Management	1	τ .		•		u Health Maintenance	4		a a	4
5 Anticoagulans						all Visits Seen	109	6	0	4
On-Site Specialty/See	YK11	METRA	LARY/LTEU			all Visite Not Seen	0		0	4
Dungsis	0	I. a Obtervation	Status	0	13 Sich C	all Visigs Reduced	0	0		1
Chagnostics	0	2, A Admit Statu	0	0	1d Direkt	Et/Paralle Regnery - 7/37	D	0	O-Jem .	_
OB/Gym	В	3. # Housing Sta	105	a	15. Ermer	genit/Urgeni Seen	0	0	1	
Laboratory Studies	173	4, # In Gerlatric	Unir			240 IVAES LATINGS	Scheduled	Sect	Refund	]
Minor Procedures	1	5. din Nospice (	are.	0	1 Cental	Visits	97	65	17	7
Mammograms	9	IHMAT	TE DEATHS		2. C Dent	al X-Rays	0	3	0	7
Nephrology	-	1. Total 4 of Dea	tha	0	3. Afelling	ps/Cleanings	43	#1	2	7
Oprometry 40	0	7. # Deaths Suici	do	-	4 KANN	al frams	3			1
. Radiology Studies	•	3. # Deaths at H	Otpital	0	S. # Den	(rd)	20	27	1	7
O. Physical Therapy	0	4 4 Beaths at fa		•	7. IT Eutra	ctore	9	29	1	1
					B. R Offis	ate Visite	0	0	a	٦_
Off Star Services Con	وياليو					1 1	otal # Days Pendic	g Sich Call Appointme	M	
ER Vicin	1		PHARMAC			I. of Days pending niedical ac	ppointment		M D APT	7
a. Admitted from ER	0	1 F on Ro	30 59	ν,	111	2. It Dave pending denial app				7
Ambulance Transports	0	Z. f on HEV Ax			٥	3. # Days periding psychiatry				- 0
. Total 4 of Hospital Admits	0	3. R Dx HIV on P	ļr.		0		PSYCHATRY PERF	DILMANICE MEASURES		
Inputient Surgeries	0	4. R Dx AIDS on I	t.		,	J. # Suichila Altempts [Hang-	ng, Med Overdone.	etr 1		1 0
. Outpatient Surgeries	1	5 For INH Med				2, # Inmates Receiving force	d Payon Medication			Т,
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D. Diff-Sale Specially Wests		10. # Off site Pfs	a mesy Ra		١.	2. # Formal Grievances		5. # Cardiac Diets		١,
I. Minmares Transported										т
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				DOMESTIC DESCRIPTION	DEE/INTECTI	OUS DISSEASIES				
# RDE HIV Tests		-0	11 è inmates pi	as anned so TR	ıç	4	23 # Hep A Vec	irun Given		1
4 RDC HIV Tests Positive		- O	12. # Approved t	or HCV 1 <sub>H</sub>		0	24. # Hep 2 Vec	cine Given		,
# RDC inmates Relused HIV Test		0	13. # Completed			0	25. # New HPY	Cases		1 0
e RDE Hes C Tests		۰	14. 4 TST Goven			11	26. 4 New MRS	Carm		1.0
# ROC Itea C Tests Positive		O	115. # Newly Dail	late TB			27. d Gonnerho	a Casses		7
# POC Hop C Tests Refused			16, # Incoder: 15			0	28. d ChlermyRe	Cette		1
a. Al Clinical HIV Tests			17 # Refused LT		,	0	29. # Syphills Ca			1
b. # Clinical HIV Tests Positive	_	0	18 # TST Conver							_
hamates On AIOS			19. # of CAR for			2				
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J. a. R Clinical Hep C Tests b. # Clinical Hep C Tests Positiv		0	22. # DT Boostes				-			

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3. Gastrointestinal		3	3	3		lant Refused	15	L	23	-
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15 Anticoagulant	-		o o			all Visits Seen	0	0	106	1
On Site Specialty/Sa	Nikel	INFIRM	ARYATCU		12. Sich C	all Visits Mot Seen		.0	0	1
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4. Laboratory Studies	257	4. 4 In Gorlatric t			J. Links	DENTAL SERVICES	Scheduled	Soun	Refused	1
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	0		DEATIES	_ •	2. # Ocni-		0		0	1
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7. Nephrology 6. Corpriery 0 DEF-SITE	_	2. Il Deaths Statis		-	d, el Arent		41	41		1
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OM Site Services Con	en la				a oir s			5kk Call Appaintme		_
i, ERVAIN	1 0		PHARMACY			] it Cays pending medical a			M.D. APT.	7
a. Adminish from ER	0	] For Rx	36.16		- 111	7. P Days pending dental ac				1.76
2. Ambulance Transports	- 0	2. s on HCV Rx			•	3 # Days pending psychiates		_		0
1. Total 7 of Mospetal Admits	·	3 # Du IEV on Re			-	7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		MMANCE MEASURES		_
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5. Quiparlant Surgenes	-	S Fan MH Medi				7. P Immates Receiving force				0
6. Ott-Site Referrals	3	6 # Completed II				3. Il Immates in Prerapeutic				
7. Off-Site Referrals Approved	2	Z. If on Rafur Act				A. 4 transfer with Memal He		(diam'tin		0
6 Off-Sin Referrats ATP		6. If on Psych Me				MISCRILAN				_
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# RDC IIIV Tests  # RDC IIIV Tests  # RDC IIIV Tests  # RDC IIIV Tests Positive  # RDC IIIV Tests Positive  # RDC IIIV Tests Positive	0	II Fffusing med	dication evals NEW Mileston CO 13. A linemates pro 12. A Approved 6 13 of Completed	y Report To DeclarationCAB! Scened to TRO or HCV To HCVTs	1 LCTIONS I Maich Sec	2. # Sormal Grievances 2. # Olybmile Dray DEPARTMENT TVIKES BUSEAM 000 0 0	23. # Hap A Vac 24. # HeB B Vac 25. # few HPV 26. # few MRS 27. # Geneorhe	GLUTEM PREE  ONE GIVEN  Lines Green  Lines Green  Lines  Cases	<b>*</b>	2 6 0
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Facility / Level.	RC	CTEAFF 5	1-14			Momh/	yelcas Bureau Year	May-18			
HSA Signalule:						Date Rep	ort Complexed:	5-Jun-18			
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Chronic Care Clinics	T # Eurolla	d Scheduled	Seen		ıks44	_	Clinic Water	Physidan	Midteral	Mursing	1
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12. Aesperatory			,	7	0	B. Cader		2	0	2	٦.
13. Special Needs		1	1	9	0	9 Intake			0	0	1
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15. Amicoagulam		t	4	- 0	- (		all Visits Seen	6	0	106	1
On-Site Specialry/Ser	Nices	WAR	MARY/LTCU				all Visits Not Seen	0	0	9	1
1 Dialysis	T 0	I. # Obcas vario			9		all Visits Refused		0	- 0	1
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3. OB/Gm	0	3. 4 Housing St		$\overline{}$	ò		gent/Urgent Seen	- 6	0	1	1
4 Laboratory Studies	110	4. Ø In Gajlatei		-	D		DENTAL SERVICES	Scheduled	Spen	Itelased	1
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2. Rephesboay  B. Commerce 38 OFF-St2  9. Reddolog Studes  10. Physical Therapy  ONE-Sile Services Con  1. ReVers  a. Admirts of home B.  2. Ambulane I wanapouts  3. Total not Pilospisal Admirs  4. Important Students  5. Outprobent Surgeries  5. Outprobent Surgeries  6. Otheris Referesh  6. Otheris Referesh  6. Otheris Referesh  7. Off-Sile Services Flower  11. Primmace Turney  12. A RDC Home Creat  13. ARDC Home Creat  5. ARDC Home Creat  5. ARDC Hep C Tests Refused  7. ARDC Hep C Tests Refused  8. CRITICAL HIP Tests  8. CRITICAL HIP Tests  8. CRITICAL HIP Tests  9. REPORT HEP C Tests Refused	2 13 0 0 14 15 15 15 15 15 15 15 15 15 15 15 15 15	2. # Deaths Sue 3. # Deaths at 1 4. # Deaths at 1 5. # De HV Au 5. # De HV Au 5. # De HV Au 5. # Complete 7. # en Ra for 1 7. # en Ra for 1 9. # en Ra for 1 11. # Russing n 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PHARMS  Francisco  Fra	i y MENICO COMMUNICATION OF THE PROPERTY OF T	D D O O O O O O O O O O O O O O O O O O	a, a June 5, a December 6, a Office 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	sol Ectors  ures  ures  iritions  I # Days pendung medical al  # Bays pendung deratal app   G  O  O  O  O  Guil & Days Pendia  Global Part Sendia  Global  Global Part	AS  32  35  0  ESCA CARI REPOINTME  (  GARCHIP  (  GARCHIP  GARCHIP  (  GARCHIP  GAR	O O O O O O O O O O O O O O O O O O O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
2. Rephesboay  B. Gospmetro?  3. B. Gospmetro?  3. B. Gospmetro?  3. Reddology Studies  10. Physical Therapy  ORSSIN Senitors Con  3. KR World  3. KR World  3. KR World  3. KR World  4. A ROUND HAVE TO THE	2 13 0 0 14 15 15 15 15 15 15 15 15 15 15 15 15 15	2. a Deaths Sun 3. d Deaths at 1 4. a Deaths at 1 4. a Deaths at 1 5. a Deaths at 1 5. a Deaths at 1 6. a Deaths at 1 6. a Deaths at 1 7. a De	PHARM POPULATION  PHARM  Active  I PHARM  44  I PHARM  44  I PHARM  45  I PHARM  46   : MEXICO COMMUNICATION OF ACUTE IN 1,519 Prop. 1,519 P	D D O O O O O O O O O O O O O O O O O O	a, a June 5, a December 6, a Office 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	self Edward  (Tripos)  Le Wolys pending medical y  Le Wolys pending destal ope  Le Wolys pending destal op	G  O  O  O  O  Guil & Days Pendia  Global Part Sendia  Global  Global Part	AS  32  35  0  ESCA CARI REPOINTME  (  GARCHIP  (  GARCHIP  GARCHIP  (  GARCHIP  GAR	O O O O O O O O O O O O O O O O O O O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
2. Rephikology Superior 28 OFF-St2 9. Reddology Studies 10. Physical Therapy OPE-SIN Services Con 3. ER-Vers 2. American Mospital Admits 4. Tourism of Mospital Admits 4. Tourism of Mospital Admits 5. Tourism of Mospital Admits 6. Tourism of Mospital Admits 6. Off-Site Referato 6. Off-Site Referato 7. Off-Site Referato 7. Off-Site Referato 7. Off-Site Referato 8. O	23	2. # Deaths Sue 3. # Deaths at 1 4. # Deaths at 1 5. # De HV Au 5. # De HV Au 5. # De HV Au 5. # Complete 7. # en Ra for 1 7. # en Ra for 1 9. # en Ra for 1 11. # Russing n 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PHARM POPULATION  PHARM  Active  I PHARM  44  I PHARM  44  I PHARM  45  I PHARM  46   WESUCO	D D O CORRES OF THE CORRES OF	a, a June 5, a December 6, a Office 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	sol Ectors  ures  ures  iritions  I # Days pendung medical al  # Bays pendung deratal app   G  O  O  O  O  Guil & Days Pendia  Global Part Sendia  Global  Global Part	AS  32  35  0  ESCA CARI REPOINTME  (  GARCHIP  (  GARCHIP  GARCHIP  (  GARCHIP  GAR	O O O O O O O O O O O O O O O O O O O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

	NAME OF THE PARTY							N.	P.			
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110 Sparier		723			wards.	eis fangeman	600.00		•			
				•		Park Televis	1,000					
Otronic Care Clinics	# Eprolled	Scheduled	Siren	Rehned	21170	Clinic Visits	Physiden	Midtavel	Runing			
1. Eard-ac/HTN	0 0	Q 7	1 1		1. Sched	uled (Tinic Vislis Seen	39	51	90	_		
2. Endocrine/Diabetes	(A) Z	2 7	4 4	0 0	2. Clinica	I Visits Not Seen	- 6	1)	19			
3 Classifolmestinal	1				a. Pat	sent Refused	6	13	19			
4. CIB/GYN	4 . 8	0;				Refusals Signed	- 6	13	19			
S. Gentto-Urlnavy	4	e				urite littoet	D	۰		4		
6. Hep C	31	71				ner Reasons	۰	•	٥	-		
7. HIV					1 % Res	chedufed	100%	100%	100%	4		
8. Inferbious D2/INH	of a	1 1 1	0 0		4 Segre	getrom Visits	0	D	•	4		
9. Neuro/Seltaire	ol ii	ol II	D 0		S RDC k		•	. 0	0	_		
10. Cetho					6 Indian	ystem Transfers	23	0	23	_		
11 Populary	E E	a			7. Intras	gitem intakes	67	D	62	_		
12. Respiratory	- (	-0			B. Cade	Physicals	0	đ	۰	_		
13. Special Meeds	3	2	1		9 Intake	ная				4		
14 Pain Management	_ •					al Health Maintenance	13	0	13	-		
15. Anticoegulam	•	0		1 4		Call Marks Seen	0	9	139	4		
On-Site Specialry/Se	rvket	Мунуи	JARY/LTCU			Call Visits Not Seen	. 0	ð	D	_		
1. Dialysis	a	I. # Dhservation	Stalus	0	13 Sek C	all Vists Refused	-0	0	0			
2. Diagnostics	0	2. #Admid Status		0	14 Ditth	arge/Parale Reentry	0	0	28	_		
3 OB/Grn	. 0	3. # Housing Stat	d1	0	15. Emer	gent/thgent Seen	•	0	1 Refured			
4 Laboratory Studies	121	4. A in Garlauis (	Jmiq	D		DENTAL SERVICES	Scheduled					
S. Minor Procedures	0	S. Him Hospice C	Ple	D	), Denial	Visits	80	15	_			
6. Mammograms	0	MMATI	E DEATHS		2. # DeM	al K-Rays	0	0				
7. Naphrology	0	1. Total # of Oral	lhs.		3, esillin	es/Cleanings	13	9	. 0	_		
& Optometry C	14	2. P Deaths Surced	le	0	a, di Ange	ad Carms	. 6	8	٥			
9 Rushiology Studies	13	3. # Deaths ay Ho	şaital	-	5. 4 Deni	ures	1.0	12	0			
ID. Physical Therapy	0	4. # Deaths at Fa	pulity	0	3 W Eleite	( librs	2	- 11	2			
					8 # Off-5		- 0		٥	٠.		
ON-Siter Services Con								g Skit Ca)i Appointmen				
a. IR Valis	1		PRAMAC		_	1. B Days pending medical			MLD. APT.	1 7		
a. Admitted from ER		1, if on Re	34,0	7%,	101	2. F Days pending derital as						
2. Ambulance Transports		2.4 on HCV Ru			-	3 If Days pending psychiate				٥		
3. Total froi Mospital Admits		1. # Ox HIV on Re						OILMANCE MÉASURES				
4, Impatient Surgeries		4. # Dr AIDS on R			1 4	1. # Suloide Afternots (Harry						
S. Outpatient Surgeries	_	5 Fon INH Meds			0	2. # Normalies Receiving force		1		0		
6. ON-Site Relevals		€ € Completed II				1. Alternates in Therapeutic						
7. OS-Site Relievals Approved		7. If on Rulfor Act			۰	4. # terrates with Mental H		1.de/Usuib		,		
Off-Site Referrals ATP		L # on Plach Me			0	MISCELLAN		T		_		
9 Off-Site Orannestic Studies	12	9. If on Ruller MR	\$A		l °	1. # Informal Complaints		A, A HTA Diets		0		
10. Off-Site Specialty Viriti		ID. # Off-title Pha	альзеу Па			2. # Formal Guevances		5. of Cardiac Diets		1		
11. # Inmates Transported			Production of the second			3. # Olabetic Oleca		GLUTEN FREE		D		
after hours/wee/rends		11 # Norsing me						GLUMEN FREE	450	1 0		
						DEPARTMENT Frices Bureau			100	ye		
						OUS DISEASES						
I 480CHIV Terri		0	11 Finmates p		_	0	23. # Hep A Vac	rion Gluso	_	Т.		
2 1 ROC Hry Tetu Positive		0	12. A Approved			0	24, #Hep # Vac	_	1 -			
3 4 AOC temates Refused HIV Test	,	0	13 d Completed				25 # feer HPV		,			
4 # HOC Hep C Tests			14 # TST Giren	1		17	2d. T New MRS		-			
5. & MOC Nep C Tests Positive	-		15. P Newly Ox /	trute 18			27. # Gonnerh		,			
5 # ADC Hep C Tests Refused		- 0	16. # kinsakes 19			<u> </u>	28 # CNamydia Cases					
7. A. R Climical HIV Tests		a	17. Il Rafuned I I			- ; -	29 # Sauthält Cates					
b. # Chriscal HIV Tests Possilive		0	16 # TST Conve			9	CO TOURNAL COLORS					
B. McCarrest HIV 1850 HOSMINE		- 0	19 # of CXII for			0						
9. Invasted DK HJV		0	20. # Influenza 9		_	-						
10. a # Ounical Hep C Tests		D	21. A Prominovan			9						
b. R Clinical Hep C Tests Positiv		0	22 # 07 Booster									
In a similar rapid rapid and the second seco												

HSASquature Date 6/4/18

4	NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau								-	ν.	
Facility / Level:	ACCIE	VEL 2		_	Month / 1		Jul-18				
HSA Signature:					Date Repo	or I Completed	7-Aug-18		_		
				_	Average f	Zarly Consum:	333				
Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused		Clinic Visito	Physician	Midievel	Nursing		
1. Condiac/HTM	p 2	45 1	0 1	D 1		and Chare. Visits Seen	39		90	4	
2. Endocrine/Olabetes	2 1	64 8	1 2	0 0		Wish Not Seen	6	0	19	4	
3. Gasteointesienal		3	1			ent Refused	- 6		19	-	
4. DB/GYN						Refurals Signed	- 6		11	4	
S Genito-Windry	•					Laridy Movues		. 0	0	4	
6 He∌C	>1	31				er Reasons		0	0	4	
7. HIV	•			+	3. % Rept	hedded	100%	100%	100%	-	
6 Infectious Br/IMII	20 0	0 0			4, Segreg		0			4	
9. Namo/Seizure	0 0	0 0	1 0 0	0 0	S. ROCK	take	0			-	
IO Onhe	٥		0	1 9	6. Intrasy	ster» Transfers	_ 13	٥	33	4	
11. Psychiatry				0	7 Injugsy	րկայա իրերերդ	47		49		
12. Respirarory	L				L. Cadet !	Dayseco1e		D		_	
13 Special Meeds	,	1 2	1		9. Imake	&P			٥		
14 Pain Management	۰	- 0	1		10. Armu	al Health Maintenance	10		13		
15. Anticoagulant		۰			11 Slek C	all Visits Seen	9		139		
On-She Specialty/Serv	rkes .	INTERM	ARY/LTCU		12 Sich C	# Visits Not Seen	ð	0	۰	}	
1. Dalyss	0	1 # Observation	Status	0	13 Sich Ca	I Visits Refused	a	0	٥	1	
2. Diagnostics	0	2. R Admit Status				rge/Parote Reentry	0	0.87	26	7	
3. 08/Gyn	0	3 if Housing Stat		0		ent/Orgent Sean	0	0	1	7	
4. Laboratory Studies	321	d # In Gerlatrac t				DENTAL SERVICES	Scheduled	Seen	Refused	7	
5. Minor Procedures	D	S. Man Hospice C	are		1. Dental	Mon	. R6	\$9	29	7	
G. Mammograms	0		E DEATHS		2. # Denta			10	0	1	
7. Heuhtelaty	-	I. Total # of Doar		П		s/Cleanungs	17	42	- 1	1	
S. Optometry O	Ö	2. N Deaths Suicid		<u> </u>	4. 4 Anny		1 0		0	1	
9. Aad-ology Studies	13	3. # Ceaths at Fro		Ť	5. # Denis		9	9	0	1	
10 Physical Therapy	0	4. # Dearth at Fa		<u> </u>	7. #Eetra		5	24	1		
to militar listary	-	- medanishat to	(mil)	-	S. MON-S		34	22	7	1 =	
Off-Site Services Cons	ulb							g Sick Call Appelrime	rd	_	
I. ER Vale	- 0		PHARMAC	,	_	1 = Days pending medical at			M D APT	1 >	
a Admined from ER	0	1. # or fla	37.1		107	2 # Days pending dental app				٦,	
Ambulance Transports	•	2. # on HCV Ra	31.3.	374	P	3 F Cars pending psychrates				1 6	
3. Total # of Hospital Admits	· ·	3. # De Hry on A						DRIMANCE MEASURES			
4. Inpatient Stagmen		4 # Dy AIDS on R				1 # Suicide Arrempts (Hangi				1 0	
5. Quapatient Surgeries	0	S. E po WH Meds				2 If from a test Receiving for ter				10	
	1 1				-					-	
5. Offi-Site Referrals 7. Offi-Site Referrals Approved	1	6. # Completed # 7. # on By for Ac				3 il impages in Therapousic P 4 il inqueges with Memalitic		re-muhlo		i o	
J. Off-Site Referrals Approved		B. If an Psych Ma				MISCILLANE		rosiniip		-	
								4. # III Al Dets		0	
9. Off-Sing Giagnostic Studier	17	9. Fan Arfar MA	54		D.	1 # Informal Complaints	,	4. II II IA LARIS		J-	
10. Off-Stor Specialty Visits		10 CONside Pha	rmacy Br		١,	2 M Formal Gillevanses		5. Il Cardiac Diets		1 .	
1 t. # humples Transported						-					
after hours/weekends	0	11. FRusing me	dication encors		D	3. 4 Diebede O'ers	1	GLUIUM PACI		0	
			NEW M	ЕХІСО СОЯЯ	ECTIONS I	PARTMENT			Min	-	
			Month	k Report To	Health Se	rukes Bureto			1		
19			<	OMMUNICAB	LEANFECTH	OUS DISEASES			V		
L FROCHIV Tests		0	I 1 Kinmates pa	etented to TAC		0	23. 4 Hep A Vac	त्मात <b>6</b> ५५ला		0	
2. A RDC HIV Tasus Positive		0	12 R Approved	for MCV Tr		•	74. # Hep B Vac	cines Goven			
3 # RDC Inmaces Refused HTV Tess		0	13. P Completed	HCV1n		٥	25. W New HPV		1.0		
C. # ROC Hep C Tests		D	J4. R TS2 Given			- 5	26 # New MRS				
S. II ROC Hep C Tests Positive		0	15 Il Novely De A	k use TD		0	27. Y Garmorhe				
S. V ADC Hep C Tests Refused		۰	16 # Inmates 75	Tradit (TBI		D	28. # CBAamydia				
7. a Clinical HIV Tests		Ö	17. # Refused LT			0	39 #Syphilis Cases				
b. # (Majoral HOV Table Positive		0	18. # 15 Cenver			_	0				
h. Inmates Du AIDS		D	19 Nof CKR for				0				
. Innate Di MV	-	0		Liberio			D				
P. Inmates Dir HIV IQ. a, # Clinical Hisp C Tests			23. # Pneumovas			D D					
b. # Climical Hep C Tests Positive		- 0	22. # DT Booster			· ·	-				
		A 191 at Model and A									

100						DEPARTMENT erukas Burasu			1	
Facility / Level:	RCC LI	VEL 2	HIDIII	my waspon to	Month/		Aug-18			
HSA Signaturer				_	Dane Res	ent Completed.	6-Sep-18		-	
				•		Daily Consus:	<b>321</b>		_	
Chronic Care Clinics	# Enrolled	Schedulad	Seea	Rehoed		Clinic Visits	Physician	Midlavel	Norsing	_
1. Cardiac/IITM	9	7	# pl	o ol 1	I Schee	luted Clinic Visits Seen	194	16	294	1
2 Endocrine/Diabetes	3	3	1 1	a a		al Visius Alon Seen	- 11	0	- 6	1
3 Gastroinies (insi		C 53		4 11/11/1	a. Pa	right Refused	- 4	0	6	1
4. DB/GYN	0 1	0 0	e e e	0 0 1	1.	Refusals Signed		0	6	1
S. Genito-Urlnary		21 24			b Se	coulty issues			0	]
6 Hep C	1 2	3	2 3	0	( Cnl	hei Ressons	0	0		_
7. HIY	71.1	(1)		0	3. % RH	chedučed	100%	100%	100%	_
9. Infectious Ds/ANH	0	9	100		d. Segre	gateon Virits	0	٥	0	
5. Neuro/Sensore	43	0	4 40 4	4 4 1	5. RDC I	state	0	0	0	
10. Oraho	1			1 0	6 Mras	pstem Iranslers	33	D	17	_
11. Psychiatry				0 0	7. Maras	yssem än laikes	49	D	\$1	4
12. Respiratory			0 1		6 Cade	Physicals	0	0	D	
13. Special Needs	t		0 4		9 Inteks	нвр	0	D	16	_
18. Pam Management			0 (	-		aal Health Maintenance	10	ð		_
15. Antikoagulant			• •	0		Call Visite Seen	0	0	294	4
On-Site Specialty/Se			ARY/LTCU			Call Visits Mat Seen	0	0	6	1
Dights2s		1. # Observation			13 Skk 0	all Virits Refused	a	0		_
2 Degrantics	0	2. # Admil Statu		0		VIRRED BROSEFFES	0	a	15	_
3. O6/Gyn	ð	3. # Housing Sta		0	15. Emer	rgent/Urgent Seen	0	( 1	2	_
4. Laboratory Studies	115	a, a le Geratric		0		ESSITAL SERVICES	Scheduled	Secon	Refued	]
5. Menor Procedures	6	5 # In Hospice C		0	3. Denia		117	76	71	
6. Mammograms	0		É DEATHS		2. # Den	ini X-Kaya	2	0	0	_
7. Nephrology	0	1. Total Foi Dea	ths .	0	3 #Fillin	gs/Oesmings	30/6	30/6	0	
B. Optomery		7. # Deaths Suich	de	. 0	4 grāgn	aal Evams	65	0	0	J
9. Radiology Studies	4	3 F Deaths at H		0 _	S. A Deal		17	5	0	
10. Physical Therapy	0	4 P Death; 41 Fa	ic iller	0	7 FEntre		24	24	3	_
					8. II Off-1		0		۰	_
ON-Situ Services Con								g Sick Call Appelletmes		_
I ER Wills	2		PHARMAC			), A Dars pending requiral a			MLD. API.	, ,
a. Advetted from ER		1. ≠ on As	33.3	1%	107	2. A Days sending densal ap-				7 7
2. Ambulance Transports	0	2. Fon HCV Ra			•	3 # Cays pending psychiatry				۰
3. Total Fol Hospital Admits	0	3. # Dalely on A						DRAMANICE MEASURES		_
4. Inputient Suigetles		4, # Da AICS on I			•	1. P Suicide Attenuats (Hang)				
S. Outpation) Surgeries		5 4 on MH Med			ь	7. Il humanes Receiving Stace		1		0
6. ON-Sire Referrals	1	6 #Completed				3. A Inmates in Therapeutic		4 11		0
7 Off-Site Relettals Approved	_	7 F on Re for Ac			•	4. # Inmates with Mental He		ideinship		
8 Off-Site Referrals ATP	1	8 If on Psych M			۰	MISCELLANE				_
9. Off-Site Diagnostic Modes		9 For Arfor Mi	854		-	I. # Informal Complaints	•	4. # HIN Dets		٠,
10 Off-Site Specially Visits  11. If Innextes Transported	2	10 # Off-see Ph.	эттасу Ал		٥	2. # formal Galevances		5. # Cardiac Diets		₊
after hours/weekends	0	11. N Nurseng me			۰	a d'Olebecic Oleis	,	OLVEDNINGS	-	D
			Mew M	RROD ODIKSI of hegen y	ECTIONS Health 5e	DEPARTMENT Frice: Bureno			- Mo	
						OUS DISEASES				
I. #RDCHIVTeds		0	11. Afgregtes pe	esented to 190		0	23 # Hep A Vac	lnes Given		10
7. # ADC HIV Tests Positive		. 0	12. # Approved (	for MCV 1x		· c	24. # Hep B Vac	Ines Given		15
3. # RDC innates Relused HIV Tes	1	۰	L3. # Completed	HCV to		O O	25. F Now HPV	anet.		
F. # RDC Hap C Tasss		0	14. # IST Given			10	26. 4 New MRS	Cares		ó
#ROCHED Clease Positive		0	15. # Newly Da #	kule TB		0	27. # Connothe	a Cates		0
6 IF ROCHeo C Tests Refused		2	16 Physics TS			0	28. d Chlamerska	Cores		9
7. a. # Oknical say Tests		0	17 Fachard II	Al Prophylaxis		0	29. # Syphilis Ca	iei		۰
r. a. = Certital lev (Etc		0	TBL # 1ST Conver	Sect.						
b. at Clinical HIV Tests Positive			age a sai chesade							
b. a Clinical HIV Tests Positive		a	19 Kol CXR (gr )							
				LTBI/TB		0				
b. at Clinical HIV Tests Positive Inmarie: Dv AIDS		a	19 Kol CXR (gr)	TBI/TB faccines Govern Given						

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1.								DEPARTMENT DEVICES BUSEOU			- W	р.	
Facility / Level:	1.2	SE AF	on F	-			Month /		Per III				
HSA Signature.							Date Rep	out Completed.	0.444.00				
								for inner	994		_		
Chronic Care Offics	#Eutul	led	Schedulad	Seen.	_	Related	_	Clinic Walts	Physician	Midleye	Notine	.7.1	
). Cardiac/HTM	20	70	265 3	m . al.	20	18 1	1. Sched	Hed Clinic Vises Seen	33	72	255	7	
7. Endocrine/Diabetes	at	10	10 I	4	- 1	16.7	2 Chale	I Yuris Not Seen		0	4	1	
3. Gastromtesteral		-			6	- 1	3. Pa	ient Refused	2		- 6	_	
4 OB/GYN	۰		0	0	٥	0 (	2-	Relutals Signed	7	a	6	_	
S Genito-Urinary		- 8	- 21		2	•		ourity ksues.	0	( a	a a	_	
£. Hep Ç		at	4		43			ter Reasons		0	- 6		
7. Hrv	<u> </u>				0		3. % Res	heduled	100%	100%	100%	4	
6 Infectious Or/INII			0	0		0 0		paylon Vigits	0	a			
9. Neuro/Se-rure		- 8	2	4 E	- 10	0 9	5. ADC M	naka		0		_	
JD. Criha	1			1	- 1		6. Intras	stem Transfers	16	٥	16		
31. Psychiatry				•	D	0	7 Maldan	nidem lotukes	41	0	43		
32. Respiratory		1		2	2	0	8 Codet	Physicals	0	17.6.7	0	_	
13. Social Needs		i		1	7	ø	9. Make	H&P	-0	0	25		
14. Pain Management		•			a	0	10. Apres	al Realth Maintenance	. 0	0			
15. Anticoagulant		٠		D	a		11. Sich	Çall Vişirş Şoen		0	145		
On Site Specialty/Sen	Aces		(Nofelia)	лакудіт.			17 Sich	M Visigs Not Seen	6	· o	3		
1. Dialysis	٥		1 # Observation	s Stales	Т	0	13 Sich (	# Visits Relused	0		3	7	
2. Chagnostics	a		Z. #Admin Statu	rl .	т	0	14 Disch	arge/Parole Reentry	- 4	0	0	7	
3 OB/Oyn	0		3 # Housing Sta	tu:	$\neg$	D	15. Cross	gem/Vegen Saen	- C	0	0	1	
4 Laboratory Studies			4. P in Gerlatric	Ųnių	$\neg$	0		DENTAL SERVICES	Scheduled	Seen	Refused	1	
S. Minor Procedures	100		5. Fün Hotolce (	No.	$\neg$	0	1. Denia	Visla	84	62	27	1	
6. Mampiograms	0		MMM	ZHTA3G T			2. # Dent	al Kiffago	٥	0	٦.		
7. Nephiclogy	P	$\neg$	I. Total # of Dea	ihs.		4	3. Willing	rs/Cleanings	36	38			
8. Oprometry 54 OFF-SITE	0	$\neg$	2. # Deaths Sulci	de	_	a	4 f Anne	al Erams	0	0	0	7	
9 Radiology Studies	0		3. # Deaths at H	ospital	$\neg$	0	S. A DeM	\ref	11.7	1.1	2	7	
10. Physical Therapy	0	$\neg$	4. # Deaths of Fa	elf4y	$\neg$	0	7. W Letra	intrans	3	10	0	٦.	
			A 1 =				8. Insake		15	12	4	٦	
Off-Site Services Cons	ults								Total B Days Pendle	ıs Sich Cull Appolationes	nr		
I. (R Visits	7	$\neg$		PHARM	ACY			1. A Days pending medical a	pwointment		M D APT.	7	
a. Admitted from ER	a		I. II an Ar	3	5.35%		117	2. # Dans pending dental up	in lumperal				
2 Ambulance Transports	0		2 For HCV Rr					3. # Days pending psychlate					
3. Total 4 of Hospital Admits	۰		3. F Dx HIV on R	¥			•		<b>BEACHIVELA NEW</b>	ORMANICE MEASURES			
4. Impateunt Surgeres	٥	_!	4. Il Dx AIDS on f	łu.				I. & Suicide Attempts (Man)	ong, Med Overdoon	ate.		0	
5. Cuspabler Surgeries	D	_	S. J on INH Med	1	_			2 I Inmates Receiving force	ed Payon Medication	5_		0	
B. Off-Site Referrats			6. # Completed !					3 A mmages in Therapeutic				0	
7. Off-Site Referrals Approved			7. 4 on Ru for Ac				D	4. Il lomates with Menial H		erdwinship		0	
6. Off-Sila Billerrak ATP	2		a. s on Psych M				P	MISCELLAN	EOUS .				
9. Odf-Sile D agnostic Studies	4	_	9. # on Au for Mi	łsa.				) • Informal Corrulations	7	4, # HTA Gets		1	
		- 1					1						
10. Off-Site pecialty Visits 11. A immates Transported	1	-	10. # Off-sale Ph	Hund's hyper			-0	2 # Formal Grievam es	•	5. # Cardiac Diers		+-	
that point weezends		- 1	11. # Nousing me	ndiv at loss seatons			، ا	3. # Blabetic Bleca	117	GLUTEN FREE		۰	
44.1.24.17.24.1.41		_	11			100.0000		EPARTMENT	-	GLO-DI-FIEL	1000	-	
								ryices Buseati			1	Jan 11	
17,100								OUS DISEASES			41		
t. eADCHIV Colo		$\overline{}$	_	11 Plomate				1 0	2a. # Hep A Van	alper Glass		13	
2. # ADC HIV Fests Posmive		_		12. B Apple				•	24. B Hep B Vac			19	
3. # RDC inmates Refused HIV Test		_	D	13. # Comple				ò	25 il New HPV			100	
4, #RDC Hep C Tests		+	0	14. # 151 Giv		/:.		38	26 I New MAS			+÷	
FROCHED C Tests Positive		_	•	15. 4 Newty		te 18			27. M Gornarh			1	
6 PROCHED C Tests Refused		-	1	16. If Inmale				ō	78. Ø Chlamydi.			1	
7. a. # Clinkal HIV Tens			- 0	17. # Religion				i i					
b. # Chrisal HIV Tests Positive		_	0	IO TEST Con					73, = 342mill C4569				
Inmates On AIDS		-	- 0	19. 4 of CHR I									
3. Inmeter De HIV		_	0	20. FinBurnt				,					
ICL a. F Clinical Hep C Tests		-	35	1. # Poquimo									
		-	37	22 # D1 6000				i i					
b # Clinical Hep C Tests Positive						CAMPET							

1	NEW MERICO CORRECTIONS DEPARTMENT Monthly Repairs To Health Souther Burgau							A	-		
Facility / Fevel:	NC.	CLE	/EL 2	11104	ary tempers are	Month		0a-18			
HSA Signatul di	_				_	Date R	sport Completed:	9-Mov-18			
						Avelag	e Daily Contus:	328	_		
Chronic Care (Males	# Enrolle	od	Schedoled	Seen	Ackned		Clinic Virits	Phyddan	Midtauel	Humbig	1
3. Cardisc/HIN	20	10	3	9 1		J. Sche	d led Clinic Visits Seen	73	0	304	7
2. Endocrine/Craberes	10	10		** a	4 8 1		cal Visits Not Seen	9.1	0	_ 0	
3. Gastroimestinal		-		16	2		ar ent Refused	1.0	0	0	
4. OB/GYN				. 0	0 0	<b>#</b> 1	Refusals Signed		0	- 2	
5. Gentle-Uninary		- 11		11:	>		ecurity laters	0	0	0	
6_Hep €		45		19	19		ther Reasons		0	0	
7. IIIV	111	- 9		4	0	1 % Re	nchadulad	100%	100%	100%	
B. Infectious De/INH	1.00		- 6		0 0		egotion Virilia	1 0	0		
9. Newo/Seiture	40	. 8	- M	3 1	0 0	a 5 RDC	երկանը	0	0	D	3
10 Ortho	1			2	2 (	0 6 Intia	system Transfers			16	7
II. Ptychiatty	1	- 31		0	0 6	7. Intra	system imakes	47	0	42	1
12 Respiratory	T	7		a	d Q		n Physicals	0	0		٦.
1.1 Special Reeds		ᄀ		5	5 0	9, Intak			0	٥	1
14. Pain Management	T	•		4	1		wal Health Maimenance	0		0	7
15. Anticoogulant		•		0	0 0		Call Virits Seen	9	0	109	
On-Site Speciality/Se	INIGH.		IMPIRE	MARYALTOU			Call Wists Not Senn	- 0	<del> </del>	ė.	1
1 Dialysis	0	┪	I # Observatio		1 .		Cill Valls Refused	<del>-</del>	,	-	-
2 Diagnostics	0		2 # Admirt State		1 0		harge/Parole Reenier	-	0	10	-
a. 08/Gym	D		3. N Housing St.		-		ergent/Urgent Seen	0		3	-1
4. Laboracory Studies	170		d, d'in Gerlairle				DENTAL SERVICES	Scheduled	Seen	Refused	-
5 Minor Procedures	1		5. d m Hospice		1 -	1. Dent		92	72	26	-
6. Mammograms	1 0	-+		TE DEATHS	-		ni il Y-Rays	<del></del>	3		-
7. Neplwalogy	0	-	1. Total # of De		1 0		ngs/Cheanings	37	92	3	$\dashv$
	0 0		2. # Deaths Suic		- 0		nutric reason gr	0	92		+
9. Radiology Studies	0		3 # Deaths at h			5. # De		31		2	-
10. Physical Therapy	0		4. # Deaths at F		0	5. M Dei		13	19	2	-1
10. Filysical -lib-apy	<u> </u>	-1	W. W. LIKATIN ALL P	4cm/A		e. imak		17	17		-
CHI-Sita Serekea Con	na ratha	-				е. шил			eg Sjok Call Apgrainsmen		_
1 ER VISRs	0	-		PHARMA	~	_	1 # Days pending medical		aft allet man schidemidsem	M,D, APT	1 7
a. Admitted from ER	,	-	1. d per Ra	29.4		_				pr,p, sur j	+ -
2. Ambatante francores	0		2. A on HCV Rx	294	9879	11	2. # Days pending denial ac				-
Total # of Hospital Admirs	0		3. # De HIVon I			- <u>"</u>	3. * Days pending psychiate		CRIMANCE MEASURES		
	<u> </u>										_
4. Impations Surgeries	0		. # On AIDS on			۰	3. 4 Sukido Altempis (Han)				0
5. Optpatient Surgeries	1		i, eon Nu Med				2, # inmale; Receiving force		is.		۰,
6. Off-Site Refettall	- 6		5. #Completed				3. # Inmanes in Therapeurit				0
7, Off-Site Referrals Approved	1		7, # on Rx For A				4. P inmates with Mental H		ardiaryhip		0
8 ON-Site Relevants ATP	0		. F on Psych N				MISCELLAN				_
9 Off-Site Diagnostic Studies			A. Forth for M	<b>商公</b> 社			1. Il Informal Complaints	1	4. # HTN Diets		4
10. Off-Site Specialty Visite	1		IO # Off-sale Pe	armacy Ra		ь	2. # Formal Grievances		5. III Caudiac Diets		1.
11 Cinmates Transported after hours/weekends		١,	II F Nursing m	odicanion cuopis			2 d Diabelis Diess	I A	GLUTEN FREE		۰
17				MEW N	ATTICO CODO	*CTIONS	DEPARTMENT			100	
							errices Bureau			The Party	30
					COMMUNICAB	LEANFÉC	nous biseases				
). A ROC HAV Tests		т	D	11 F Inputer p	espoted to 180		D D	23. P Hrp A Vac	cines Govern		
2. al RDC HW Tests Positive		_	0	12 Approved			0	24. R Hep B Vac			39
3. # ADC Immates Refused HW Tes		-	-	13. # Complete				25. II New HPV		0	
. # ADC Hep C lests		$\rightarrow$	-	14. #1ST Given			18	26 I New MARS		-	
. # RDC Hep C Tests Positive		$\pm$		15, # Newly On				27. ◀ Gonnashi			
F # PDC Hep C Tests Melured		+	•	16. # Sympates T				28. # Orlamydia ases.			
7 s. # Clinical HIV Tests		+	- 0	17. # Reluced L			- 0	78. # Criarraydia Seec 79. # Syphilis Cases			
b. 4 Clinical HIV Tests Positive	-	+		18. # 75T Comm			0	75. # Syphilis Cates			
b. I Clinical Ally Tests Positive  1. Inmates Dr.ANDS			0								
		+		19 Pal City for			•				
		-	0	20 ■ Influence	vaccines Given		ņ				
					A1						
<ol> <li>Inmares Dr HIV</li> <li>a. 4 Clinical Hep C Tests</li> <li>b. 6 Clinical Hep C Tests Positive</li> </ol>			35	21 # Prisumova 22 # DT Booste			D 0	16.33			

NEW MEKICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau								-	
ACCLE	VEL 2	anontii.	r napari 14			Nov-18			
				Date Rep	on Completed:	5-Dec-18			
			•	Амнада	Daily Census:	890			
f Enrelled	Scheduled	Seen	Autured		C0r≠c V-bits	Physician	Mildleyel	Huming	Т
50, 39	3 2	26	JI. 1	I. Sched	aled Clipic Visins Seen	90	0		
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4 4									4
3									4
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t			0	7 Average	ntem Irrialies	34		_	4
-1.			1			0			4
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							1.0		4
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						_			-1
0	1. # Observation	Status		13 Skk C	all Visits Refused	0		0	_
D			9					1-26	4
				15 Ermet		1.4	-		_
									4
0			D						_
	MMAT	E DEATHS		2, # Den	al X-Rays			_	
0	1. Total # of Dea	ih <sub>f</sub>	D	3, Afilling	gd/(Tearings	\$0	12	_	
.0	2 & Deaths Suicid	de _	۰ _	d, d'áppa	na l Engines	1	0		
٥	3 If Deaths at His	sspetal	ø	5. # Den4	ure	20	29	5	_
0	4. A Deaths at Fa	¢ifity	-0	7 f Febra	1	7	9	3	
					Int#es	- 41	38	,	
uka eku						Total A Days Pendin			
2		PHARMACY			<ol> <li>4 Days pending medical a</li> </ol>	ppointment		M D API.	. 2
	1. Fon Rx	33.03	%	109					
					3. # Days pending psychlatti				4
				0					0
٥				0					0
16									٥
				۰			i dlanship		0
				٠					
- 6	9. A on Rado MR	KA			1. # Informal Complaints		4 FHTM Dien		0
	10. # Off-site Phi	rmacy Ra		١.	2. # Formal Galevances		S Il Cardisc Diess		0
	11. @Normon on	ribe salan au core			A. 4 Disheuc Duris		G LITEN EDGE		0
,	1 P P Hall Hill S 184					<u> </u>	OCO TEN PARE	nii nii	
								9	
1K									
_						73. d Hen A Var	cines Given		1 1
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			tute TB					1 *	
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	_	de dum till f							
		20 Binfistenes V	relant Gires		,				
	0	20 R Influence V. 21 # Procumovar			2 0	1000			
		Vol   3 h   3   1   1   1   1   1   1   1   1   1	## Fire Bad   Scheduled   Seen	### ACCEPTED 2  ### Fire Red    Company   Company   Company	## Abonthly Raport To Health Se	### Abouthly Report To Meath Services Barraru  ################################	### Abonthly Report To Health Service Bureau  ###################################	### RECEIPTS 2    Aborth   Part   Par	### Abouth   Provided

12/5/11

GastroInfestinal	Saen	Retused 3 2	Month / Date Rep Average  2 1 Sched 2 Clude	Year:  Year:  Don't Completed:  Daily Census:  Clinic Visits  Seen	3/7/2019 390 Physicien	Midleval	Nursing	
Chronic Care Clinics	1 6 121 3 3 2 6 11 0 0 0 0 2 2 2	3 1 0 1	Average 2 1 Sched 1 2 Clude	Daily Census:	930 Physicien	Midlaval	Alexander of the second	
Chronic Care Clinics	1 6 121 3 3 2 6 11 0 0 0 0 2 2 2	3 1 0 1	Average 2 1 Sched 1 2 Clude	Daily Census:	930 Physicien	Midleyel	At	
Cardiac/HTN	1 6 121 3 3 2 6 11 0 0 0 0 2 2 2	3 1 0 1	2 1 Sched	Clinic Visits		Midlaval	Abandan T	
CardiacritTN	1 6 121 3 3 2 6 11 0 0 0 0 2 2 2	3 1 0 1	1 Sched				PARTE DE LA	_
Gastronitestinal	11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				58	0	246	
OB/GVB   O   C   C	0 0 0 2 2 2 1 31	0 0		al Visits Not Seen	4		8	
Gentlo-Urinaly   C   2   2   2   4   4   4   4   4   4   4	2 2 31 0	VI V		atient Relused . Refusais Signed	2		6	
HeD C   36   43   43   43   44   44   44   44	31			, werusars signed county issues	6		á	
Infactious DE/INH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		13		ther Reasons	0	٥	0	
Neuro/Selzure			3. % Res		100	0	100	
Ortho 1 2 PsycMatry 0 0				gation Visits	0	0	0	
Psychiatry 0 0	9 9		5. 20CI	ntake system Transfers	- 0	0	11	
	0			system transites	30	0	30	
Respiratory 3 3		3	8. Cadel	Physicals	, 0	3	1	Ī
. Special Needs			9. Intake		0	0	_ 0	. 1
Pain Management 0 2			10 Phys		1	6	*	7
Anticoagutant 0 0 0 O O O O O O O O O O O O O O O O	MARY/LTCU	- 0		Call Visits Seen Call Visits Not Seen	0	0	130	
Olalysis D1. # Observation		c		Call Visits Not Seen Call Visits Refused	0	0		
Diagnostics 0 2, # Admit Stat				harge/Parole Reentry/ITAP	,	0	10/20/1958	
OB/Gyn O 3. # Housing Si				igent/Urgent Seen	0	0	4	
Laboratory Studies 118 4. # In Geriatri		- c		DENTAL SERVICES	Schedulad	Seen	Refused	
Minor Procedures 5. If in Mospice	TE DEATHS		1. Denta		30	38 39	- 12	
Warming O NAMAT  Pephrology O 1 Total # of De		_	3. # 50 C	tal K-Rays	15	25	- 9	- 1
Optometry 0 2, if Deaths Suit			4 a Ann		25	- 42		
ladiology Studies 0 3. # Deaths at			S. # Den		-	9	- 1	
Physical Therapy 0 4. # Ocaths at	Facility	0	7. # Entr	ections	10	17		
Audielogy 0			S. N CHI-	Sile Visits	0	0	0	_
Off-Site Services Consults  A Visits	PHARMACY					Sick Cell Appointme	nt	- 7
Admitted from ER 2 1. # on Rx	PHARMACT		103	<ol> <li># Days pending medical</li> <li># Days pending dental a</li> </ol>				
Imbulance Transports 0.2. If on HCV Rx				J. # Days pending psychiat				ó
otal # of Hospital Admits 1 3, # Or HIV on	ŘT		0	PSY	CHATRY PERFOR	lmance measure		
inpatient Surgeres D4. If Dx AIDS on				1. # Suicide Attempts (Nan				
Outpatient Surgeries O S, 4 on INH Ma				2. # Inmates Receiving for		ligns		0
Off-Site Referrals 5 # Completed Off-Site Referrals Approved 7, # on Rx for a				<ol> <li># Immales in Therapeut</li> <li># Immates with Atomata</li> </ol>		Guardianshio	+	0
Off-Site Referrals ATP 18 # on Psych !			i	MISCELLANEC		- Tall distriction by		Ť
Off-Site Diagnostic Studies   5 9. if on Rx for 6				1. # Informal Complaints		4. # Escalation Poli	y Initiation	٥
						S. # Cardiac/HTM D	ets for Ox of	
Off-Site Specialty Visits 4 10. N Off-site P  Winmales Transported	namacy Rx		0	2. # Formal Grievances 3. # Drabetic Diets for Dx	- 9	Cardiac/HTN		- 2
after hours/weekends 0.11. # Nursing #	nedication errors			of Diabetes	,			<
	COM	MUNICABL		OUS DISEASES				
	11. A Inmates p				23 # Hep A Vac			- 1
	12. # Approved				24 # Hep 8 Vac			
	13. # Complete: 14. # TST Given				25 # New MRS			-
	15. # Newly On				27 # GC Cases	- raiez	-	-
	16. 4 Inmates T		0		28 # Chlamydia	Cases		-
	17. # Refused L				29 # Syphilis Ca		1	0
	18 # TST Conve			0			3	
	19. # of CXR for			0				
	20. # Influenza i		ven	. 0				
	21 # Prieumova 22 # DT Boosto			0				
b. R Clinical Hep C Tests Positive 0	22. # DT Booste	rs Given		1				H

Form #M-320, 12/32/18

						DEPARTMENT prices foread				
Facility / Level:	R	(C/ II)	IMPIIII	-	Month /		Jan-19		16	F
HSA Signature:					Date Re	port Completed:	2/6/2019		-	
					Average	Daily Census:	292			
Chronic Core Citales	# Enrolfed	Scheduled	Seen	Refused		Crinic Visita	Physician	MidLevel	Mursing	ASCA
1. Cardiac/HTN	1 3	3 6	3 5	0 0		Juled Clinic Visits Seen	41	0	111	AN 111
2. Endocrine/Diabetes	1 2	0 3	2 1			af Visits Not Seen	26	0	14	Provider 41
3. Gastrointestmal	01 0					stlent Refused	0	. 0	9	TB 0 Spec Consults 3
4 OB/GYN 5. Genito-Urinary	0 0					Refusals Signed equity Issues		. 0	. 0	Spec Consults 3 Spec Consults+J36 0
6. Hep C	21	19				ther Reasons	6	—	- 3	Emer Health condition 1
7. HIV	- 6					scheduted	3	<del></del>	0	Lindri-boni content-
8. Infectious Dz/INH	0 0	0 0	1 0	0 0	4. Segre	gation Visits	٥	0	0	Infection Control Report:
9. Neuro/Selsure	0 0	1 0	2 0	0, 0	S. RŪCI	ntake	-9	0	0	HepC Tests 0
10. Ortho	1	- 0	3	٥	\$ Intra:	ystem Translers	21	0	13	HepC Positive 0
11 Psychiatry	ه					ystem Intakes	11	0	0	HIV Tests 0
12 Respiratory	2	1	1			Physicals	0	0		HIV Positive 0
13. Special Meeds	<u> </u>	- 4	3		9. Intake		0	0	0	
14 Pain Management 15. Anticoagulant	0	0			10. Phys	Call Visits Seen	3 0	0	145	
On-Site Specielty/Ser			AARY/LTCU			Call Visits Not Seen		0	147	
1 Ofalysis		1. # Observation		_ ^		Call Visits Refused	0		9	
2. Diagnostics		2. # Admit Stat				harge/Parole Reentry/ITAP	0	0	8/25/14	000
3. O6/Gyn		S. d Housing 51				rgent/Urgent Seen	ŏ	0	21	2.00
4. Laboratory Studies		4 # In Geriatri		0		DENTAL SERVICES	Scheduled	Seen	Refused	
S. Minor Procedures	1	5. il in Hospice	Care	0	1. Dunti	Il Visits	62	77	9	
6. Mammograms	0	INMAT	É DÉATHS		Z. # Den	ital K-Rays	1			(3)
7. Nephrology		<ol> <li>Total # of Dr</li> </ol>				Day Exams			0	
8. Optometry		2 # Deaths Sul				ual Exams	9	9	0	
9. Radiology Studies		3. # Deaths at I			5, il Den		33	93		
10. Physical Therapy	0	4 # Deaths at I	Facility	0	7 # Ente		26	26	0	
11 Audiology OH-Site Services Con	0				B. # Q 1-	Site Visits		Jok Call Appointme	<u></u>	
1 ER Visits	1		PHARMAC	,		1. * Days pending medical		ack can whiteartish	1	<del></del>
a. Admitted from ER		I. F on R>	Minamore	<u>.                                    </u>	93	2. # Days pending dental a				<del></del>
2 Ambulance Transports		2. 4 on HCV Rx				3. # Days pending psychial				- 0
3. Total # of Hospital #dmits	٥	3. # Ox HIV on	Ř.					MANCE MEASURE	3	
4 Inpatient Surgeries	0	4. W Dr AIDS on	Re .		٥	1. # Sulcide Attempts (Har	ging, Med Overde	sse, etc.)		
5. Outpatient Surgerles	٥	5. 4 on INH Me	eds		0	2 # Inmates Receiving for	ced Psych Medica	lions		O
6. Off-Site Referrels		6. # Completed				<ol> <li>Inmates in Therapeut</li> </ol>				0
7. Off-Site Referrals Approved		7. # on Rx for				4 d Immates with Mental		Guardianship		9
8. Off-Site Referrals ATP		8. # on Paych f			0					
9. Off-5ite Diagnostic Studies	5	9 dan Rylor N	ARSA		٥	1. # Intermal Complaints	0	# Escalation Poll     # Cardiac/HTN C	cy Initiation	9
10. Off-Site Specialty Visits	,	10. # Olf-site P	hatmacy Rx		0	2. # Formal Grievances	اه	Cardiac/HTN	INC. IOI DE CI	
11. # Inmates Transported						3. # Diabetic Diets for On	1			
after hours/weekends	0,	11. # Nursing #				of Diabetes	1			d
			(0)	MUNICABL	E/INFECTI	QUS DISEASES				u u .
1. # RDC HIV Tests			11. # Inmates		TRC		23. # Hep A Vac			
2. d RDC HIV Tests Positive			12. # Approve				24. 4 Hep 8 Vac			
3. * RDC inmates Refused HIV	Test		13. # Complete				25. A New HPV			a
4 # RDC Hep C Tests			14. * TST Give				26. # New NRS	L Cases		<del>_</del>
5. # ROC Hep C Tests Positive			15. d Newly Da				27, il GC Cases 28, il Chiamydia	Carrer .		<del>_</del> 3
6 # RDC Hap C Tasts Refused 7. a. # Climical HIV Tests			16. # Inmates 17. # Refused				29. d Syphilis Ca			<del></del>
b. # Clinical HIV Tests Positi	ne -		18. # TST Conv		1413	0		101		
6 Inmates D: AIDS	-		19. Wol CXR to			0				
9. Inmates Dx HIV			20. # Influenta		ren					
10. a. # Clinical Hep C Tests		0	21. # Preumov.	au Given		0				
b. # Clinical Hep C Tests Po	sltive	a	22. FDT Boost	ers Glven		4				
M 2 v Signature	_					Date	2/6/19			17.
APPROVED NMCD									Form #M-120, 12/:	12/18

April   Level   RCC   Level   Text   Date   Paper   To Health Services   Date   19	1 54	
Section   Date Report Completed:   Africand   Average Dairy Consust:   268		
Chronic Care Clinder		
Chromic Care Cibilety   # Executived   Scheduled   Sean   Related   Choic Vistos   Physician   Middlewil   Cardiacal 11   12   4   6   5   6   4   0   1   1   Scheduled Cilial Wisis Seen   72   72   72   73   74   74   74   74   74   74   74		
Carglacetrist   12		
Enderschiebetes	Rursing	ASCA
Control	332	RN
Option	68	Provider
Search publicary	0	Te
HepC	0	Seet Consults
Intertious D2/INN	Ó	Spec Consults
Infection 20/20/19	0	Emer Health condition
Neutrof-Educate	٥	
Description   3	_ 0	Infection Control Rep
Psychilarry	19	HepC Tesls
Respiratory	15	HepC Positive
Special Newed:   5   6   5   1.9. Intable 16.5   0   0   0	36	HIV Tests
Pale Namegement   0	D	HIV Positive
Pale Namegement   0	0.	
S. Anticogalised   O	0	
On-Star Specialty/Services	128	
Diagnostics	0	
Diagnostics	ò	
OB/GWN	5	
Laboratory Studies 360] 4. #In Gerlator Loth 0 DENTAL SERVICES Scheduled Seen   Misror Procedures 0 S. #In Notables Care 0 9 1. Cental Visits 77 77 78   Mammagrams 0 INMATE DEATHS 2. # Dental X-Rays 0 5 5   Nephrology 0 1. Total # of Deaths 3	14	
Million Procedures   O. S. #in Hospite Gare   O. I. Cental Visits   77   78	Refused	
Nephrology	15	
Colometry   29 2. d Deaths Suicide   D.d. w Year Exams   28   19     Rediciopy Studies   D.d. w Deaths at Hospital   D.S. w Deathtes   3 d   13     Physical Therapy   D.d. w Deaths at Hospital   D.S. w Deathtes   3 d   13     Physical Therapy   D.d. w Deaths at Facility   D.d. w Deaths   D.d. w Deat	0	
Redicing Studies 0 3 at Deaths at Hospital 0 5 at Deaths at Hospital 2 0 5 at Deaths at Hospital 2 0 5 at Deaths at Hospital 2 0 7 at Estractions 2 0 19 at Audicings 2 0 19 at Audicings 2 0 19 at Audicings 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	a	
Redicitory Studies 0 3. # Deaths at Hospital 0 5. # Deaths at Hospital 0 5. # Deaths at Facility 0 7 # Estractions 20 159  . Audiciogy 0 6. # Deaths at Facility 0 7 # Estractions 20 159  R # ## ## ## ## ## ## ## ## ## ## ## ##	9	
Audiology   O	- 1	
Total & Days Panding Stat Call Appointment  R Visits  B Admitted from ER  O 1 d on Rx  O 2. # on HCV Rx  O 3. # Days pending medical appointment  Ambulance Transports  O 3. # On HCV Rx  O 3. # Days pending perchal appointment  O 3. # Days pending perchal popointment  O 4. # Suicide Attend\$ Hanging, Med Overdote, etc.]  O 4. # Days pending perchal popointment  O 5. # Suicide Attend\$ Hanging, Med Overdote, etc.]  O 5. # Suicide Attend\$ Hanging, Med Overdote, etc.]  O 6. # Suicide Attend\$ Approved  O 7. # Inmates Perchipting forced Psych Medications  OII-Size Referrals  OII-S	1	
E8 Vivits   PMARMACY   1. # Days gending medical appointment	0	
B. Admitted Isem ER	nt	
Ambulance Transports 0 2. # on HCV Rx 0 3. # Dx HIV on Rx 0 1. # Solicide Admits 0 3. # Dx HIV on Rx 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Total en Hospital Admils 0 3, if D. HIV on Rc 0 PSYCHIATEY PERFORMANCE MEASURES Impaired Surgeries 0 4 # DN AIDS on fix 0 1 # Suicide Attembs Stranging, Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Referrats Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Divertidate Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate, etc.  Off-Site Specials Signification of the Stranging Med Divertidate, etc.)  Off-Site Specials Signification of the Stranging Med Divertidate Signification of the Str		7.
Inpatient Surgeries		7
S. # on INH Mode:		
Off-Site Referrals  Off-Si	_	0
Olf-Site Referrals Approved  ST. E. on Refor Active TB  Of A. # Immate swith Merital Nealth Treatment Guardianship  Olf-Site Referrals ATP  I. B. # on Psych Meds  Olf-Site Diagnostic Studies  S. # on Psych Meds  Olf-Site Diagnostic Studies  S. # on Psych Meds  Olf I. # Informal Composition  Olf-Site Diagnostic Studies  S. # on Psych Meds  Olf I. # Informal Composition  Olf-Site Diagnostic Studies  S. # on Psych Meds  Olf I. # Informatic Composition  S. # One Psych Meds  Olf I. # Informatic Composition  S. # One Psych Meds  S. # One Psych Meds  S. # One Psych Meds  Olf District Specialty  Olf Distric		
9. # on Psych Meds	$\longrightarrow$	
OIF-Site Diagnoritis Studies 5 9. # on Rv for ARSA 0 1. # Internal Complaints 0 A # Exchatton Policy for OIF-Site Specialty Visits 1 10. # OIF-Site Polarmacy Re 0 2. # Formal Grevances 0 5. # Cardiac/MTR Oveig 3 # OID-Bett District for Oil of Internal Complaints 0 1 # Nursing medication errors 0 of Complaints 0 0 Complaints 0 0 1 # Nursing medication errors 0 of Complaints 0 0 OID-Bett Site Oil OID-Bett O		_9
Off. Site Specialty Visits   10, 4 Off-site Pharmacy Rix   0   2, 8 Formal Grievances   0   5, 8 Cardiac/HTN Dests   4 Inmates Transported   3   6 Olabetic Dests for Ow   0 off Orables   0   11   4 Nursting medication errors   0 off Orables   0   0   0   0   0   0   0   0   0	1 11 11	
6 Inmate's Transported		_9
### Abust   Abust   Abust   #### Abust   Abust   Abust   ####################################	els for Dx of	
## RDC HIV Tests   0   13. # Immates presented to TRC   0   23. # Hep A Vaccines Given   4 RDC HIV Tests Positive   0   12. # Approved for HCV TX   0   24. # Hep B Vaccines Given   4 RDC HIV Tests Positive   0   24. # Hep B Vaccines Given   4 RDC HIV Tests Positive   0   24. # Hep B Vaccines Given   4 RDC HIV Tests   0   24. # Tis Given   0   25. # New HPV Cases   4 RDC Hep C Tests Positive   0   25. # New HPV Cases   4 RDC Hep C Tests Positive   0   25. # New HPV Cases   4 RDC Hep C Tests Relixed   0   6. # Immates TST with LTB1   0   27. # GC Cases   4 RDC Hep C Tests Relixed   0   6. # Immates TST with LTB1   0   29. # Chiamydia Cases   4 RDC Hep C Tests Relixed   0   27. # Refused LTB1 Prophylabili   0   29. # Syphilis Cases   29. # Syphilis Ca		
# ## ## ## ## ## ## ## ## ## ## ## ## #		$\dashv$
# RDC HIV Tests Positive 0 12. # Approved for HCV Tx 0 2.4. Bites B Varcines Given # RDC temples Refused HIV Yest 0 23. # Completed HCV Tx 0 25. # New HPV Cases # RDC Hep C Tests 0 24. # 315 Given 0 25. # New HPV Cases # RDC Hep C Tests Positive 0 21. # 315 Given 0 22. # RDC Hep C Tests Positive 0 21. # RDC Hep C Tests Refused 0 25. # New HPSA Cases # RDC Hep C Tests Refused 0 25. # RDC Hep C Tests Refused 0 26. # RChambers 517 WHINTES 1 0 22. # RChampidis Cases 2. # RCInical HIV Tests 1 17. # Refused LTB! Prophylateis 0 29. # Syphvils Cases 0 29. # Syphvils Cases 0 29. # RC Kall For Tests 0 20. # RCHampidis Cases 0 29. # RCHAMPIDIS REFUSED 29. * RCHAMPIDIS REFUS		<del></del>
# BDC Empt Refused HIV Yest		
# BDC Hep C Tests	+	
# 80C Hep C Tests Positive 0 15 # Nowthy to Acure 16 0 27, # GC Cases 4 # ROC Hep C Tests Refused 0 36 # Inmates 151 with LTB1 0 28, # Chiamydia Cases 3, # Clinical HIV Tests 37 # Netured LTB1 Prophylania 0 129, # Syphulis Cases 5, # Clinical HIV Tests Positive 0 38, # ITS1 Converters 0 1	-	
# ROC Hep C Tests Refused 0 16 # Inmates TST with LTB# 0 28, # Chlamydia Cases 3. # Clinical HIV Tests 17 # Metured LTB! Prophylathid 0 29, # Syphulis Cases 5. # Clinical HIV Tests Pogitive 0 38, # RST Converters 0 0 5. # Clinical HIV Tests Pogitive 0 19, # of CKR for LTB!/TB 6. Inmates D FIIV 0 20, # Influency Vaccines Given 1 7. # Clinical Hep C Tests 18	+	0
# Clinical HIV Tests		0
A. # Clinical HIV Tests Positive	+	0
Inempte; Ox AIOS		<u> </u>
Inmates		
a P Clinical Hep C Tests 21. # Phetamovas Given b. # Clinical Hep C Tests Positive 0 22. # OT Boosters Given 0		
b, it Clinical Hep C Tegss Podlinus 0 22. # DT Boosters Given 0		
Date 4/9/19		- 1
Date		
Date #/3/19		
A SECOND FOR		
DAOVED NIMCO		

1						DEPARTMENT rvices Bureau			M.	3	
Facility / Level:	R	CC/ II			fdonth,	Year:	Apr-19			ρ.	
HSA Signature:					Date Re	port Completed	5/6/2019		-		
				_	Average	Dally Census:	272	_			
Chronic Care Clinics	# Enrolled	Scheduled	Spen	Refused		Clinic Visits	Physician	Midterel	Number		7 ASCA
1. Cardiac/HTN	3"	i :			1. Sche	duled Clinic Visits Seen	47		0 53	5	RN 11
2. Endocrine/Diabetes	2					al Visits Not Seen			0 3		Provider 4
3. Gastrointestinal		- 7		9 0		tiant Refused	7		0	2	TB
a. OB/GYN	0	0 0	া ৩	0 0	1	Refusals Signed	2		0	2	Spec Consults
5. Genito-Urinary						ecurity Issues	(		٥		Spec Consults • 136
Э нер С	16					ther Agasons	0		0 (		Emer Health condition
7 HIV	0				_	scheduled	,		0 20	-	
B. Infectious Dz/NH	0 0					gation Visits	۰		0 1		Infection Control Report:
9. Neuro/Saizura	0 0				S. ROCI				9		HepC Tests HepC Positive
10. Ortho	2					system Transfers	13		0 (	4	
11. Psychiatry 12. Respiratory	0	2				system Intakes	38		0 0	4	HIV Tests HIV Positive
LB. Special Needs	5	:				Physicals					HIV POSHIVE
15. Special Needs 14. Pain Management	3	9			9, Intak 10 Phr		0		0 (	4	
14. Pain Management 15. Anticoagulant	0	- :				Call Visits Seen	1 8		0 539	1	
On-Site Specielty/Se	-		MARY/LTCU	4 0		Call Visits Not Seen	1 0		0 0	-	
Dialysis		1. # Observation				Call Visits Refused	0			9	P. Control of the Con
2 Diagnostics		2 # Admit Star				harge/Parole Reentry/(TAP	1 0		9,26.74	il i	
3. OB/Gyn		3. N Housing St				rgent/Urgent Seen	Ŏ			3	
4. Laboratory Studies	118			-		DENTALSERVICES	Scheduled	Seen	Refused	1	
5. Minor Procedures	0	5. # in Hospice		0	1. Denti	I Visita	71	6.		5	fil .
6. Mammograms	0		E DEATHS			tal X-Rays	3	10			
7. Nephrology	0	1. Total # of De		T 0		Day Exams	26				
8. Optometry		2. # Deaths Suit				ual Exams	10		5 5		
9. Radiology Studies		3. # Deaths at			5. # Dec				6 0	5	1
10. Physical Therapy		4 # Deaths at a		0	7. a Ext	actions	7	1	3 7	1	
11. Audiology	0					Site Visits	0	-	0 0	il	A .
ON-Site Services Con	nults					Tota	I M Days Pengling	Sick Call Appoints	neht .		
t. ER Visits	. 2		PHARMAC	Ý		<ol> <li>If Days pending medical</li> </ol>	appointment			7	B .
a. Admitted from ER	1	1. # on Rx				2. # Days pending dental:				2	4
2. Ambulance Transports		2. # on HCV Rx				<ol> <li># Days pending psycMa</li> </ol>					4
3. Total # of Hespital Admits		3. # Dx HIV on			-			RMANCE MEASUR	IES	_	4
. Inpatient Surgaries		4. F Dr AIDS on				1 # Suicide Attempts (Ha				-	4
. Outpatient Surgeries		5. 4 on INH Me				2. # Inmates Receiving for		)Upn\$		- 9	
5. Off-Site Referrals 7. Off-Site Referrals Approved		5. # Completed 7. # on Rx for a				3 # Inmates in Therapeut		# # # # # # # # # # # # #		٠	4
). Oll-Site Relevals Approved		B. # on Psych f			,	4. # Inmates with Mental BMSCELLANE		Guareiansnib		٠,	1
Off-Site Otagnostic Studies		9 # on Hy for h				1. # Informal Complaints		4. # Escalation Po	E t teta e' e		4
o. Ornaice oragnosies acques	- /	7 H GAT HAS TOP IN	MUN		- "	1. Wilniormal Complaints	<del> </del>	S. R Cardiac/HTN	Diets for Dr. of	-	d
O. Off-Site Specialty Visits	6	10. # Off-site P	harmagy Rv.		٥	2. # Formal Grievances	! 0	Card-ac/HTN		t	d
1. # Inmates Transported						3. # Diabetic Diets for Dr.					1
after hours/weekends	0	11. F Nursing h				of Ciabetes	1	-iiber Diet			d.
			CO	MMUNICAUL	E/INFECTI	OUS DESEASES		-			4
. N RDC HIV Tests		0	11 à Inmatrs	presented to	TRC		23. it Hep A Va	ccines Given		30	
, # ROC HIV Tests Positive			12. # Approve				24, # Нер В Уа			76	
. If RDC Inmates Refused HIV	Test		13. # Complete				25, if New HPV			1 4	
, # ROC Hep C Tests			14 W 15T Give				26 # New MAS			10	4
. ▼ RDC Hep C Tests Pasitive			15. # Newly Di				27. # GC Cases				-
. # RDC Hep C Tests Refused			16. # Inmates				28 # Chřamydi			٥	4
a. # Clinical HIV Tests			17. # Refused		izl;		29. # Syphilis C	ases		۰ ا	ł
b. # Clinical HIV Tests Position	ve		18. # TST Com			0					1
Inmales Dx AIDS			19, # of CVR to			- 9					1
Inmates Dt HIV			20. #Influenza		en	- 0					1
D. a # Clinical Hep C Tests  b. # Clinical Hep C Tests Pos	eirles		21. # Pheumov								I.J
в. и финера нер с тема Pos	III I E		22. # OT Baest	612 GINBU		1 0					10
											20
S A Signature						Oate	5/6/19				
							, , ,		•		
PPROVED MMCD											
									Form #M-120, 12	/12/18	

						DEPARTMENT rivices Bureau			Part Land		
Facility / Level.	R	cc/ II	7714-11-	_	Month		May-19			7	
HSA Signature:					Date Re	port Completed:	6/5/2019		- OBF		
•				_		Daily Census.	260				
						<u> </u>					
Chronic Cere Clinics  1. Cardiar/HTN	# Enrolled	Scheduled 11	Sean S S 10	Refused OI	_	Clinic Visits duled Clinic Visits Seen	Physician 47	Midlava	Mursing 535		ASCA RN 111
2. Endocrine/Diabetes	4 1		5 1			al Visits Not Seen	**	40 C	31		Provider 41
3. Gastrointestinal	1 6					atient Refused	2	2	2		TB 0
4. OB/GYN	a 0					. Refusals Signed	7	2	7		Spec Consults 3
5. Genito-Urinary	0					ecurity Issues	0	0			Spec Consults+J36 0
6. Нер С	26	30	21	1 2		ther Reasons	0	1	q		Emer Health condition 1
7. HIV	0				3. % Re	scheduled	2	2	20		
8 Intectious Oz/INH	0, 0	ه اه	0 0 0	0 0	4. Segie	gation Visits	0	0	0		Infaction Control Report.
9. Neuro/Seiture	1 0	0 0	0 0	0 0	S. RDC	niake	0	0	0	1	HapC Tests 0
10. Ortho	5	_	:		6 Intra:	rystem Transfers	19	19	19		HepC Positive 0
21. Psychiatry	0				7. Intra:	ystem Intakes	19	19	19		HIV Tests 0
12. Respiratory	4	- 2	4	(	9. Cade	t Physicals	٥	٥	0		HIV Positive 0
13. Special Needs	£	5			9. Intak		0	a	0		
14. Pain Management	а		<u> </u>		10 Phy				0		ı
15. Anticongulant	- 0			-		Call Visits Seen	0	3	535		1
On-Site Specialty/Sea			MARY/LTCU			Call Visits Not Seen	. 0	. 0	0		1
1. Distysis	. 0	1. # Objervati				Call Visits Refused	٥	0	0		i
2. Diagnostics	0					harge/Parole Reentry/ITAP			24.15.38		ı
3. OB/Gyn		3, # Housing S				rgent/Urgent Seen	0	0	0		i
4. Laboratory Studies		4. # In Geriatri				DENTAL SERVICES	Scheduled	Seen	Refused		1
5. Minor Procedures		5. If in Hospice			1 Denta		116	104	19		1
6. Mammograms	٥		TÉ DEATHS			nal X-Rays			0		1
7. Nephrology		1. Total # of D				Day Exams	57	52	5		1
8 Optometry		2. # Deaths Suk				ual E <u>xams</u>	11	10		7	1
9. Radiology Studies		3. # Deaths at 4 # Deaths at			S. # Den		19	16	- 1		1
10. Physical Therapy 11. Audiology	0	4 m Deaths at	racility		7. # Euto	Site Visits	31	26	- 0		1
Off-Site Services Con	tulte				6. # OII			Rek Call Appointmen		_	1 -
1. ER Visits	2	_	PHARMAC	,	_	1. # Days pending medical		ньк саг хуранинан		····	
a. Admitted from EA		1. W on By	b broddistical	,	100	2. # Days pending dental a					
2. Ambulance Transports	- 1	2. You HCV Rx				3. # Days pending psychiat				ń	1
3 Total # of Hospital Admits	3	3. # Or HIV on			-			MANCE MEASURES		Ť	
4. Inpatient Surgeries		4. If Dx AIDS or			_	2 d Suicide Attempts (Han					
5 Outpatient Surgeries		5. # on INH Me				2. # Inmates Receiving for				Ť	
6. Olf-Site Referrals		6. 4 Complete				3. # Inmates in Therapyuti				ò	
7. Off-Site Referrals Approved		7. # on Avior.				4. R Inmates with Mental 2		Guardianship		0	
6. Oil-Site Referrals ATP	D	8. # on Psych !	Meds			MISCELLANEC	)US				
9. Off-Site Diagnostic Studies	9.	9 Han Ry for h	MASA		-	1. Finiormal Complaints	1 4	Fescalation Policy	Initiation	0	
							1	S. # Cardine/HTN Die	us for Dx of		
10 Off-Side Specialty Visits	6	10. N Oil-site P	harmacy Rx		۰	2. # Formal Grievances	0	Cardiac/HTN			
12 # Inmates Transported						<ol> <li># Diabetic Diets for Dx of Diabetes</li> </ol>	1 .1.			]	
after hours/weekends	- 2	J1. R Nursing o					<u> </u>	iber Diet		L	
1 # RDC HIV Tests			11. # Inmates			OUS DISEASES	23. # Hep A Vac	elene Clunc			-
2. # RDC HIV Tests Positive	_		12. # Approve		IRC		24. # Hep 8 Vac			- 14	
3 # ADC Inmates Refused HIV	Tarl		13. # Complet				25. # New HPV (			- 10	
4. # RDC Hep C Tests	-411		14. # TST Give				26 # New MRSA			,	
S. W ADC Hep C Tests Positive			15. # Newly D				27. # GC Cases	Ceses		ř	
6. # RDC Hep C Tests Refused			16. # lamates				28. # Chlamydla	Casas		ŏ	1
7. a # Clinical HIV Tests			17. A Refused				29 # Syphilis Ca				
b. # Clinical HIV Tests Positiv	ve		18. # TST Conv			ŏ					
8. Inmates De AIDS			19. If of CXA fe			0					
9. Inmetes De HIV			20. Kinfluensa		nen.	0					
10. a. # Clinical Hep C Tests			21. # Pagumov			0					
b. # Clinical Hep C Tests Pos	itive	0	22. # DT 60ast	ers Given		1					
H S A Signature						Oate	6/5/19			I	
APPROVED NMCD								Fd	rm #M-120, 12/	12/16	

						S OF PARTMENT Services Bureau		1	FW	5	
Facility / Level:	SC	CHI	Month	ny respont to	Month.		19-May			F	
HSA Signature.					Data Pe	sport Completed;	6/3/2019				
risk signature.				•		n Daily Consus:	326	`			
Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused		Clinic Visits	Physician	MidLovel	Numing		ASCA
1. Cardiac/HTN	12 31	3 6	3 6	ा ।	1. Schu	duled Clinic Visits Sten	82	117	237		RN 623
2. Endocrine/Diabetes	29 17	1 5	311 5	0 0	2. Clinfi	cal Visits Not Seen	1		1		Provider 443
3. Gastrointestinal	3	-4	100 4	-	a, P	atient Relused	15	12			TE 0
A. OB/GYN	1 0	1 0	11 0	0 0	) :	1. Refusals Signed	15	12		1	Saec Cansults 12
5. Genito-Urinary	0	0				ecutity Issues	0				Spec Consults+J96 18
6. Hep C	77					ither Reasons	0	0		1	Emer Health condition 379
7, KIV	0					rscheduled					
8. Infectious Dz/INH	0 0					ugation Visits	۰	0	16		Infection Control Report:
9. Neuro/Seiture	6 5				S. ROC			0	- 0		HepC Tests 44
10 Ortho	1.	0	_		_	system Transfers	0	0	2		HepC Positive 0
11 Psychiatry	196					isystem Intakes	0	0	45		HIV Tests 3
12. Respiratory	26	11				et Physicals	0	9			HIV Positiva 0
13. Special Needs	16	5.4	34		9, Intak		0	0	0	1	
14. Pain Management			5		10. Phy		0		0		
15. Anticoagulant	0					Call Visits Seen	0	0	239		
On-Site Specialty/Se			MARY/LTCU			Call Visits Not Seen	0	0	50		1
1. Dlalysis		1 # Observation				Call Visits Refused	0	0			
2. Diagnostics						charge/Parole Reentry/ITAP	36	0	30		
3. OB/Gvn		3 # Housing St				ergent/Urgent Seen	3		376		
4. Laboratory Studies		4. # In Geriatri				DENTALSERVICES	Scheduled	5een	Refused		1
5. Minor Procedures		5. # in Nospice			1. Dent		38	22	6	'	
6. Mammograms	- 0		E DEATHS			ntal X-Rays	0	9	0		
7. Nephrology		1. Total # of De				Day Exams	۰	6	٥	. '	
B Optometry	27					nual Exams	_0	13	0		
9 Radiology Studies		3. N Onaths at I			5. N Da		9	3	0	l '	
10. Physical Therapy	0	4. # Deaths at I	Facility	Ç	7, # Ext			9	0	'	
11. Audiology Off-Site Services Cor					d. R UII	-Site Walts	(# Para Paradian	_	0,		4
ER Walts	0		PHARMAC			1. If Days pending medical		Skk Cali Appointme	nL		1
		4 9	PHANHUL							14	1
a. Admitted from ER  2. Ambulance Transports		1. # on Rs. 2. # on HCV Rr				0-2. If Days pending dental a 1-3. If Days pending psychia				19	
3. Total a of Hospital admits		3. * Da HIV on	n-					RMANCE MEASURES			
4. Inpatient Surgeries		4 # Ox AIOS on				0 1. # Sulcide Attempts (Har					
5. Outpatient Surgeries		5. # on INH Me				2. # Inmares Receiving for					l'
6. Off-Site Referrals		6. # Completed				0 3. # Inmates in Therapeut		HOLD			1
7. Olf-Site Referrals Approved		7. # on Rator A			1 7	0 4. # Inmates with Mental I	Health Treatment	Guardiansisin		7	1
8. Olf-Site Referrals ATP		8. N on Psych )			111						1
9. Off-Site Diagnostic Studies		9 # an Rufor N				0 1 # Informal Complaints		4. R Escalation Polk	a initiation	- 0	1
J. O. D.							1	5. # Cardine/HTN D	ets for Dx of	_	1
10. Off-Site Specialty Visits	6	10. # 0ff-site P	harmaey Ax			2 di Formal Grievances	ا ا	Cardiac/HTN		a	
11. Finmates Transported						3. # Diabetic Diets for Dx					
after hours/weekends	0	11. If Nutsing n				o ol Diabetes	0			0	
			CON	MUNKABL	E/INFECT	NOUS DISEASES					
1. # RDC HIV Tests		0	11. A Immates p	resented to	TRC	C	23. # Hep A Vac	cines Given		22	
7. If ROC HIV Tests Positive		0	12 # Approved	for HCV Tx			24 # Hep & Vac	cines Given		26	
3. If RDC inmates Refused HIV	Test	0	13. # Complete	d HCV To		0	25. # New HPV	Cases		7	
à, #RDC Hep C Tests		0	14. # 15T Given	1		45	26 # New MRS	A Cases		0	
S, # RDC Hep C Tests Positive		0	15. # Newly D∎	Acute T8			27. # GC Cases			0	
# RDC Hep C Tests Refused		01	16. Finmates 1	ST with LT8			28. # Chlamydia			0	]
7. a. Il Clinical HIV Tests			17. If Refused L	TBI Prophyl	ania	0	29. # Syphilis Ca	ases		!	
b. # Clinical HIV Tests Positi	ve e		19. # TST Convi			0					1
R. Inmales Dx AIDS											1
Inmates Dx HIV			20. # Influenza		MIN	0					1
10. a_# Cl <u>inical Hep C Tests</u>			21. # Pheumova			12					1
b # Clinical Hep C Tests Po-	ilive		22. # DT Beeste	ırs Giyen		0					i i
H S A Signature					,	Date		3-Jun			
APPROVED NACO											

form #M-170, 12/12/18

				КІСО СОПЯЕ Report To H							
Facility / Level:	SCC I-II		,	-		Month / Ye	ari	Fun-16			
HSA Signature				-		Date Repor	l Completed:	Jul-16			
						Average Da	nly Certsus	165			
Cheorik Care Clinics	# Entabled	Scheduled	Seen	Яей	ned		Clipsic Visits	Physician	Midtevel	Nursing	
1. Cardiac/HTM	3 6		0 8		٥	1. Schedul	id (Seet Virds Seen	760	D	1#1	
2. Endocrine/Drabetes	1 7	<del></del>					Visius Nov Seen	3	0		
3. Gastroiniertinal	<u> </u>				0		nt Refused	]	.0	2	
4 00/G1H	• •				Ů.		Hosals Signed	<u></u>	0	2	
S. Genito-Urinary	-				0	4. /		- 0	۰	0	
6. Hep C	41				2	4,000			0	0	
7, IQV		<del> </del>	9		0			100%		100%	
B. Infectious Dz/INH B. Neura/Science	0 0	0 3	0 0 1	0	- 0	4. Sедуерді \$. RDÇ lma		<del>  </del>	0% 0	0%	
10. Chillio	1 0			۳	_	_		38		33	
11. Psychiatry	<del>                                     </del>			-			om Transfers	70		0	
12. Ampiratory	·					7. Intrasyst 8. Cades Ph		1			
13. Special Niceds				<b>—</b>		9. Iznake H		<del> </del>		-	
14. Pain Management	<del>                                     </del>			i			Health Maintenance	37		32	
IS. Anticoogulant						11. Sich Cal				178	,
	clulty/Services	HNFIRMARY	·	· · · · · · ·	<u>-</u>		Visits Not Seen	-	-	1	
1. Dulyan	T		***-*		0		Visits Refused			3	
1. Dagnostics	1						go/Parole Reentry		0	15	
3. <b>09/G</b> m	- 0						ni/Vigent Seen	- 2	D	É	
4. Laboratory Studies	21				0		ENTAL SERVICES	Scheduled	Seen	Refused	
5 Minor Procedures	,	5. # in Hospite Care			0	I. Dental V	sits	31	31	٥	
6 Mammograms		INMATE OF	ATHS		-	2. # Oemal	3-Rays	0		٥	
7. Replaniegy						3 # 30 Deg	Esams	19	19	o o	
8 Optometry	0					4. # Annua		11	.11	0	
9. Radiology Studies	1				0	S. # Demie	4	2	2	0	
10. Physical Therapy		4. P Deaths at Facility			0	2. # Extract	eens	7	7	.0	
						8. COff-Site		٥	0	0	
CHI-SHA Ser	vices Сольцію	<u> </u>					Total#1	Days Pending	Stele Coll Appo	-Entiment	
1. žŘ Visits	-0		PHARMACY				I. A Days pending made a	l appointment		-introdut	2
ER Visels     Adminied from ER	0	1. # on Ax	PHARMACY			lii	I. If Days pending made a     P Days pending dental:	l appointment appointment		- Suppression &	2 6
ER Visets     Adminied from ER     Ambulance Transports	0	Z. If on HCV Rs	рналилсу				d Days pending medica     Days pending dental :     d Days pending psychia	l appointment appointment try appointme	sat		2 6
SA Visets     Admirined from ER     Armbulance Transports     Total P of Bospital Admiring	0	2. If on HCV Rs 3. If Dx HIV on Rs	рнаямася				st Days pending medea     WOsys pending densal a     St Days pending psychia     St Days pending psychia     STCH	l appointment appointment try appointme liATRY PERFO	INE REMANCE MEA		2 6
26 Vests     a. Administ from ER     Ambulance Transports     Total P of Bospital Admit from Performance     Inpovent Surgeries	0	Z. If on HCV Rs 3. If Dx HIV on Rs 4. If Dx ARDS on Rs	рнаямасу				A Days pending made a     P Days pending demail:     S Days pending psychia     S Days pending psychia     S Suicede Astempts (Hail	Lappointment appointment try appointme hATRY PERFO inging, Med Ox	ens RMAMCE MEA rendose, etc.)		6 6
1. \$A Visits 2. Administed from \$R 2. Ambulance Transports 3. Total # of Hospital Adm 4. Inponent Surgeries 5. Outpalient Surgeries	0 0 0 0 0	2. Non HCV Rs 3. N Dx HIV on Rs 4. N Dx AIDS on Rx 5. N on BHH Meds					R Days pending maples     W Days pending dental:     W Days pending dental:     W Days pending psychia     S Suicede Astempts (Hall     W Suicede Astempts (Hall     W Surrates Receiving for	Lappointment appointment Iry appointme HATRY PERFO Inging, Afed Ox cod Psych Me	ens RMAMCE MEA rendose, etc.)		2 G O
1. \$8 Visats 2. Administed from \$8 2. Ambulance Transports 3. Total P of Hospital Adn 4. Imponent Surgeries 5. Outpatient Surgeries 6. Off-Sing Referrally	0 0 0 0 0	2. Non-HCV Ru 3. N DX HIV on Ru 4. N DX ANDS on Ru 5. N DE MIN Medic 6. N Completed Bill (For L				: 4 0 0 3	# Days pending medica     # Days pending densal:     # Days pending syeria     # Days pending syeria     PSYCH     # NSuicede Antempts (Ha     # hamates Receiving for     # pending for the about	Lappointment ry appointment IATRY PERFO INGINE, Med Ou ced Psych Me ic Restraints	sns RMAMCE MEA rendose, etc. ) dications	SURES	2 6 0
Administration of FR     Administration of FR     Ambulance Transports     Total First Hospital Administration     Importent Surgeries     Culpatient Surgeries     Off-See Referrally     Off-See Referrally	0 0 0 0 0	Z. If on HCV Ris  3. If Dx HIV on Ris  4. If Dx ARDS on Ris  5. If on WH Medic  6. If Completed BHH (For L  7. If on Ris for Actine TB					# Days pending medica     # Days pending demail:     # Days pending demail:     # Days pending psychia     # Suicede Astempts (Ha     # Suicede Astempts     # Suicede Astemp	Lappointment repointment repointment HATRY PERFO rights, Med Ox ged Psych Me ic Restraints Health Treatm	sns RMAMCE MEA rendose, etc. ) dications	SURES	0 0
SR Visits     Admissed from ER     Ambulance Transposts     Total B of Bospital Admission     Total B of Bospital Admission     Total B of Bospital Admission     Total B of Bospital     Total B of Bospital     Total B of B o	0 0 0 0 0 0 0	2. Ni on HCV Rs 3. # Ox HIV on Rs 4. # Dx ADS on Rs 5. # on BNH Meds 6. # Completed BNH (For L 7. # on Rs for Active TB 8. # on Psych Alleds				0 0 3 3 0	I. ii Days pending medera J. ii Days pending demail J. d Days pending demail J. d Days pending overha PSYCT  I. ii Suitede Attempts (Hal J. ii Stanates Receiving for J. ii Therapout A. ii Therapout MISCOLENNEO MISCOLENNEO MISCOLENNEO  MISCOLENNEO  III demail demail MISCOLENNEO	Lappointment hypotentment hypotentment hypotentme hATRY PERFO hypotentme hypo	ons RMAMCE MEA endowe etc. ) Steations ions Guardians	SURES	0 0
1. SR Visets 2. Administed from FR 2. Ambulance Transposets 3. Total in of Biospital Administration Surgeries 5. Outpalment Surgeries 6. Off Sine Referrals 7. Off Sine Referrals Appen 8. Dit Sine Referrals ATP 9. Off-Sine Diagnosis Sha	0 0 0 0 0 0 0 0 0 0	2. It on HCV Rs 3. If Dettill an Rs 4. If De ANDS on Re 5. If no MH Meds 6. If Completed BH (For L 7. If on Rs for Active TB 8. If on Psych Alds 9. It on Rs for Assista	(fell)			0 0 3 3 0	I. if Days pending medica I. if Days pending denical J. of Days pending averbain J. of Days pending averbain Stick I. if Suicede Astempts (Value I. if Suicede Astempts (Value I. if Suicede Astempts (Value I. if Indianates with Mentel MISCOR LANGED I. if Indianate Compilaters III Indianate Ind	Lappointment hypointment hypointment hypointme hathy PERFO hypointme kathy PERFO hypointme hathy	ens RMANCE MEA Perdose, etc. ) Sications ient Guardian d. # HEN Over	SURES	2 6 0
SR Visets     Administed from ER     Ambulance Transports     Total is of Brospital Administration     Importent Surgeries     Chalpasient Surgeries     Chilpasient Surgeries     Off-Sive Referrals     Off-Sive Referrals APpen     Off-Sive Observals Appen     Off-Sive Observals APpen     Off-Sive Observals APpen     Off-Sive Observals APpen	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. N on HCV Rs 3. R DetHIV on Rs 4. R De ANDS on Re 5. R De BMH Meds 6. If Completed BMH (For L 7. R on Rs for Active TB 6. If on Psych Meds 9. N on Psych Meds 10. R Off-sine Physicapsy Re	Té()			0 0 3 3 0 0	I. II Days pending meetes I. II Days pending densal: I. II Days pending densal: II Days pending psechial II II Days pending psechial II Days pend	appointment repointment rey appointme hATRY PERFO rejries Med Ox ced Psych Me ic Restraints Health Treatm US  0 0	ons RMAMCE MEA endowe etc. ) Steations ions Guardians	SURES	2 6 0 0 0 0
SR Visets     Administed from ER     Ambulance Transports     Total is of Brospital Administration     Importent Surgeries     Chalpasient Surgeries     Chilpasient Surgeries     Off-Sive Referrals     Off-Sive Referrals APpen     Off-Sive Observals Appen     Off-Sive Observals APpen     Off-Sive Observals APpen     Off-Sive Observals APpen	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. It on HCV Rs 3. If Dettill an Rs 4. If De ANDS on Re 5. If no MH Meds 6. If Completed BH (For L 7. If on Rs for Active TB 8. If on Psych Alds 9. It on Rs for Assista	Fell)		Toke Neg	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	I. if Days pending medica I. if Days pending denical J. of Days pending averbain J. of Days pending averbain Stick I. if Suicede Astempts (Value I. if Suicede Astempts (Value I. if Suicede Astempts (Value I. if Indianates with Mentel MISCOR LANGED I. if Indianate Compilaters III Indianate Ind	Lappointment hypointment hypointment hypointme hathy PERFO hypointme kathy PERFO hypointme hathy	ens RMANCE MEA Perdose, etc. ) Sications ient Guardian d. # HEN Over	SURES	2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
SR Visets     Administed from ER     Ambulance Transports     Total is of Brospital Administration     Importent Surgeries     Chalpasient Surgeries     Chilpasient Surgeries     Off-Sive Referrals     Off-Sive Referrals APpen     Off-Sive Observals Appen     Off-Sive Observals APpen     Off-Sive Observals APpen     Off-Sive Observals APpen	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. N on HCV Rs 3. R DetHIV on Rs 4. R De ANDS on Re 5. R De BMH Meds 6. If Completed BMH (For L 7. R on Rs for Active TB 6. If on Psych Meds 9. N on Psych Meds 10. R Off-sine Physicapsy Re	renos PIEW MEN	ICO CORREC		0 3 3 0 0 0 0	I. II Days pending meetes I. II Days pending densal: I. II Days pending densal: II Days pending psechial II II Days pending psechial II Days pend	appointment repointment rey appointme hATRY PERFO rejries Med Ox ced Psych Me ic Restraints Health Treatm US  0 0	ens RMANCE MEA Perdose, etc. ) Sications ient Guardian d. # HEN Over	SURES	2 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SR Visets     Administed from ER     Ambulance Transports     Total is of Brospital Administration     Importent Surgeries     Chalpasient Surgeries     Chilpasient Surgeries     Off-Sive Referrals     Off-Sive Referrals APpen     Off-Sive Observals Appen     Off-Sive Observals APpen     Off-Sive Observals APpen     Off-Sive Observals APpen	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. N on HCV Rs 3. R DetHIV on Rs 4. R De ANDS on Re 5. R De BMH Meds 6. If Completed BMH (For L 7. R on Rs for Active TB 6. If on Psych Meds 9. N on Psych Meds 10. R Off-sine Physicapsy Re	reij eriors pievy Men Mondaly	Report To He	allh Servic	0 0 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	I. II Days pending meetes I. II Days pending densal: I. II Days pending densal: II Days pending psechial II II Days pending psechial II Days pend	appointment repointment rey appointme hATRY PERFO rejries Med Ox ced Psych Me ic Restraints Health Treatm US  0 0	ens RMANCE MEA Perdose, etc. ) Sications ient Guardian d. # HEN Over	SURES	2 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
3. Advance 3. Administration for 4. Ambidiance Hampoots 5. Total First Hampoots 6. Engineer Surgeries 6. Cottisee Referrati 7. Oil Sur Referrati App 7. Oil Sur Referrati 7. Oil Sur Referrati 8. Oil Sur Surgeries 9. Off-See Disposation 10. Oil Sure Referrati 10. Oil Sure Referrati 10. Oil Sure Surgeria 11. Oil Sure Surgeria 12. Oil Sure Surgeria 13. Oil Sure Surgeria 14. Oil Sure Surgeria 15. Oil Sure Surgeria 16.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. If on HCV flu 3. If Dr. HIV on flu 4. If Dr. AND on flu 5. If Do NHH Medi 6. If Committed BHI (for L 7. If on R H of Attion 18 6. If on Psych Artes 9. If on factor Attion 10. If of the Psych Artes 11. If Off the Psych	rein errors Nevy Me Monthly Consideration	Report To He SLE/INFECTIO	allh Servic	0 0 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If Days pending detail If Days pending detail If Days pending detail If Days pending detail If Days pending profess If Market Days pending for the America in The Apout A of Incapies with Market International Complaints In Faintial Grievances If Faintial Grievances If Days pending house	I appointment hypolement hypolement hypolement introduced by hypolement ic Registant Health Tream  0 0 3	ente RBIAMCE IMEA erdose, etc.) Sications cott Guardane cott Guardane 5, # Cardiae I	ship	2 6 6 0 0 0 0 0
Administration (April 2014)     Administration (April 2014)     Total 1 of Recipital Administration (April 2014)     Total 1 of Recipital Administration (April 2014)     Total 1 of Recipital (April 2014)     Total 1 of Recipital (April 2014)     Total 1 of Recipital (April 2014)     Total 2014     To	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. Non-HCV No. 3. N DN HIV on Ra. 4. C DA NOS on Ra. 5. No NHI Model. 6. If Completed BINI (For L. 7. N on Ra No Active TB 6. N on Psych bated 10. N on Psych bated 11. N CM*-size Pharmacy Re 13. N Fituating medication.	reil) errors NEW ME) Mondbyl Coseldrinka	Report To He SLE/INFECTIO LIRC	allh Servic	0 0 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	F Days pending meeter     F Days pending dental -     F Days pending dental -     F Days pending provina     F Days pending provina     F Strict     F Strict Pending for Strict     Miscan Landfor     Miscan Landfor     F Tomas Officers     F Strict Pending for Strict     F Strict	appointment https://www.mrs.com https://www.mr	ens RMANCE MEA Perdose, etc. ) Sications ient Guardian d. # HEN Over	ship bess	2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
3. Advance 3. Admented from ER 4. Ambellance Hamports 3. Total # of Bospital Ade 4. Inocent Surgeries 5. Outpained Surgeries 6. Outfained Referent 6. Outfained Referent 6. Outfained Referent 7. Outfaine Referent 7. Outfaine Referent ATP 9. Outfained Surgeries 1. Del Surgeries 1. Del Surgeries 1. Del Surgeries 1. The Surgeries 1. The Surgeries 1. The Surgeries 2. If RDC HIVE Easts 3. If RDC HIVE Easts 4. If RDC HIVE Easts 4. If RDC HIVE Easts 4. If RDC HIVE Easts 5. If RDC HIVE Easts 5. If RDC HIVE Easts 5. If RDC HIVE Easts 6.	0 0 0 0 0 0 0 0 0 0 0 0 0	2. If on HCV flu 3. If Destitive on flu 4. If Destitive on flu 5. If Destitive on flu 5. If Destitive on flu 6. If Committed Billif (For L. 7. If on flu flor Active TB 6. If one Paych Dated 9. If on flu for flu 10. If Cold finish or Playingsey Re 11. If Title string engalization.	reij) Petrors NEW Me Mondrity Consideration  11. Il limited prevented in	Report To He SLE/INFECTIO LIRC	allh Servic	0 0 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If 1 Days pending detail 3. 9 Days pending provinal 5. 9 SYCH  3. 9 Suiced Attempts (1814  5. 8 Normals pending for 3. 9 Pending in The Japour  4. 8 Normals pending for Microsoft Compilation  MISCOLLABIED  1. 8 Informational Compilation  5. 8 Fermiol Gifterances  1. 9 Outbeart Duris  0.00	appointment spontment rry appointment rry appointment rry appointment state PERFORM spine, Ried Ox cod Psych Me ic Restraints Health Treatm us  0  0  3  23. # Hep A  24. # Hep A	ens RMAMCE MEA PERDOSE, ELC. ) Glications Incit Guartham Incit Gua	ship bess	2 2
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Б. Иер С	23		8			O s, Other					4
7 ilin			D			0 1. % Resch		100%		100%	
8. Infectious De/IRIN	<u> </u>	-	0	9 6		O 4. Sețirgal				0% 0	
9 Newso/Senure	0 0	. 0	0	0 0		g S. RDC Inia		0			4
IO. Onho	D	ļ	0	Ò		D G. britasyst		75		25	4
11. Psychiatry			0				em bakeles				4
12. Respiratory			0	0		D 9. Cardet 19. D 9. boulde H		0			d l
1.3. Special Needs 14. Pain Management	- 0		0				EP HeJRih Maiotenaswe	· · · · · · · · · · · · · · · · · · ·			1
15. Anticoagulam	1 0		ä			O 11. Sel Cal		<del>                                     </del>	D	11	.1
On-Site Speciality			MARY/LTCU		1		l Yisiu dies Seen	<del>                                     </del>	,	0	1
1. Dialytit	0	L # Observation Sta					Vitas Rehaud	<del>                                     </del>	0	ď	4
2 Ougnostics		2 # Admirt Seatur				* ***	e/Parole Reenery	<del>                                     </del>		10	•
3 06/Gyn	-	3 # Housing Status					nt/Urgeni Seen	·····	<del>-</del>	- 17	1
4. Upolatory Studies	1	4. Kin Gerişine Yeşi					INTAL SERVICES	Scheduled	Sexa	Rekned	1
5. N.Snav Pracedures	· · · · · · · · · · · · · · · · · · ·	S. Il in Haspice Case				O J. Dental V		5	5	0	1
6. Manusopanis			E DEATHS			2. P Bental		-	0	0	1
7. Nephrology	D	1. Total # of Deaths				0 3 + 30 Day			1		1
8. Oprometry	0	t. # Deaths Sucide				D a, Pannual		1	····	0	1
1. Radiology Studies		3. # Deaths at Hospit	ral			D 5. * Denius			1	D	1
LD. Physical Therapy	o o			o Deetha at Facility		O 7, WEARINGS	ions	, D		0	1
					•	B. # Off-Set	Vises		0	0	1
Off-Site Sendons	Consetts			-				Total & Obys Feholing S	ck Call Appairment		
1 (R Visita	0			PHARMACI			1. # Days perding rood	çaf appelinktornı			
a. Admitted from ER	0	) Con Mi				38	2. 4 Days pending dent	d ancomiment			
2 Ambulance Transports		1. If the MCV As					<ol> <li>Days pending psych</li> </ol>				
] Total # of Hospital Admits		3. # Da HIV on Re					<u> </u>	PSYCHIATRY PENGOR	KANCE MEASURES	·	,
4 Inputient Surgenes		4 PD: AIDS on Ru						Janping, Med Overdose, et	k.1		
S. Chapaniera Surgeries		S. Hen INN Medic						orced Psych Medicasions			<u> </u>
6 Off-Site Referrals		6. Completed this (					3 Blomates in Therape				├
7, Od-Site Referrats Approved		7, 8 on Arthurtour	TO					al Meglijk Treatment Guard	hen;hip		Ш
8. Olf-Site Referrals ATP		B. O can Psych Mode				-		LUNEOUS			<del> </del>
9. Off-Site Diagnostic Studies		9, Fon fir for MISA							4. PHTN Gerts		—
LO. Off-See Specialty Volts		10. Ø Offisite Pharma						0	S. # Cardiac Diess		
after hours/weekends	0	11. # Nursing medica	Sea criers				) attracts (vita		<u> </u>		
					IKO CORRECTIONS DE Report To Health Send						
<u> </u>					SCABLE ANY BUTTOUS DIS						
). RADCHW Teets			als: as	mater presented t		233		23. A Hep A Vaccines Gh			$\overline{}$
2. # ADC NIV Tests Positive				peroved for HCV T				14 March B Vaccines Ge			
). If BDC browses Refused HIV Test		_		orapleted HCV Ta	•			25. 4 New HPV Cities	4		_
1. IRDC Hee Clasts			0 14. 47					26 d They MRSA Court			
S. # ROC Hep C Tests Positive				lendy Dr. Azerte 10				27. # Gonnorher Cases			
6. # RDC Hear C Tests Refused				imples IST with LT	Aı			26 # Chlamydia Cases			· · · ·
7. a. # Clanical HIV Sesu	ĺ			clused 3181 Proph				29. # Syptvin Cases			
b. a Classaf HIV Jests Positive	í			ST Converters							
8. Inmates the AIDS				CKR for 1181/TE				1			
9, Jemates Cor HIV				Buenea Vaccines C	ever			1			
ID. a. # Clinical Hep C Tests				нештога . Степ			5	]			
b. # Chnical Hep C Yests Postlyre				T Boosters Given			3				
					·			-4-4			
H S A Signifiure											
						-	Date	9/6/16			

			NEW MEXIC	O CORRECTIONS	DEPAR	TMENT					
<u>L</u>			Monthly Re	port To Health Se	rvkes	Bureau					
Facility / Level;	SCC I-II			-		Menth / Ye.	¥:	September,	2016		
HSA Seguatore:				-		Date Report	t Completed:	10-3-16			
						Ачетаде Фа	Consus:	50			
Chronic Care Clinics	# Enrolled	Schoduled	Seen	Refused		٥	linic Visits	Physician	Midlavel	(hursing	
1. Cardiac/MTN	00	0	0 0	0	0	1. Schedule	d Chaic Valts Seen	40	0	11	
7. Endocrine/Duabetes	01		1 1	. 0	Đ	2. Chalcal V	isits Not Seen	٥	0	. 0	] :
3. Gassialmestinal				l	1	a Patie	nj Hefysed	1	0	٥	
4. OB/GVN	0 . 0			0	0	1. A	Husafs Signed	1	0	. 0	
5. Geneto-Urinary		l			0	þ Secur	n y dą guyęs	- 0		0	
6. Hep C					. 0	₹. Ogfter	Regions		٥	0	
7, HIV	. •				_	3 % Resch		1	0	0	· . i
B. Infectious Da/INN	<u> </u>	9			0				0%	0%	
9. Neuro/Serure	0 0	. 0			0				٥	Ó	
to. Onho	•				0		om Transfers	61		61	
L1. Psychiatry	0			<del>1.                                      </del>			em ini akeş	- 0		٥	
12. Respiratory	1		<del>\                                    </del>	-	_	B. Cadel Ph		- 0		0	
13. Special Needs	9	· · · · · · · · · · · · · · · · · · ·			0	9. Inlake Hi			0		
14. Pain Managemon							Health Maintenance	0	0		
15 Anticoagulant	0			1	0	11. Seck Cal		9	0	14	
On-Site Specie		INFIRMARY	дтси				Visius Not Seen		_	_	
1. Dialysis		I. # Observation Status			. 0		Visits Refused	0	0	0	
7. Diagnostics		2. F Admin Status	<del></del>				e/Parole Reentry	0	9	- 2	
3. DR/Gym	0	3. If Housing Status			0		nt/Urgent Seen	Schoduled	Seen	Refused	
4. Laboratory Studies	· · · · · · · · · · · · · · · · · · ·	4. If In Geriatric Unit		-	_		AL SERVICES	Schedused	Şezn	Keiman O	
S. Minor Procedures	1	S. 4 in Hospice Care				1. Dontal Vi					
6. Mammogranis	0	IHMATE DE	ATHS			2 # Denial		2			
7 Nephrology		1. Youal If of Deaths		ļ	. 0	a. # 20 Day		0	0	9	
8 Optionietry		2. # Deaths Suicide			0	4. # Annual		0		0	
9 Radiology Studies 10 Physical Thorapy		# Deaths at Hospital     # Deaths at Facility		-		5. # Demori 7. # Extracti		3	. 3	0	
20 Pripacar morapy		4. 4 Ceatils of Pacing		<del></del>		e. # Off-Size			· · · · ·		
Qtf-Ske Servik	en Consults				;	e, a 011-346		# Days Pendi	_	-	-
L. ER Visas	CISCONEGIIS D		PHARMACY	<del> </del>	-	<u> </u>	1. # Days pending			ppermen	·····;
a Admissed Inom ER		I. Fran Ax	Produced	· · · · · · · · · · · · · · · · · · ·		24	2. A Days pending				
2. Ambulance Transports		2. if on HCV fix					# Days pending     # Days pending				0
3. Total of Hospital Adn		3. H DK HOV ON An						CHIATRY PER		AFACURFS.	
4. Inpatient Surgeries	0	4. R Ox AIDS on Re	·				1. 4 Suxide Attem			_	- 0
5 Oul pariera Surgerlos		S. a on IMI Meds					2. # Inmates Recei				
6 Off-Sine Referrals	0	6. 4 Completed INH (Fer	1190				J. # Inmates in The				
2. Off-Sae Referrals Appe							4. # Innutes with I			uardianship	
8 Off-Site Referrals ATP		6. il on Psych Meds				o					
9. Off-Site Diagnostic Stu		9. # on Rx for MRSA				0	1. # Informal Com		4. #11TN Die	,	0
10. Off-Site Specially Visi			ik				2. # Formal Greva	0	5 # Cardiac I	Jic15	0
Framported		11. # Nursing medication				0	3. • Diabetic Diets	1			
				O CORRECTIONS C	EPART	MENT		··			
1			Monthly Rep	port To Health Spr	vices B	tire <b>a</b> u					
			COMMUNICABLE	/INFECTIOUS DISE	ses	1					
1. • RDC PIV Tests		0	1]. #Immarcs presented t	IO TRC			٥	23. # Rep A	raccines Gare		ô
2. # RDC MIV Tosts Positive		0	12. # Approved for HCV F					24. # Hep 8 1	/accents Give		ô
3. # RDC inmates Refuse# !	urv Yest		13. # Completed HCV fx					25. # Now H	PV Cases		0
d. ■ RDC Hep C Tests		. 0	14. FTSI Given					26. d New M	ASA Cases		Q
5. # RDC Hep C Tests Positi	ve		15. F Newty Dr Acute TB				0	27. # Gonno	rhea Cases		0
G. ■ RDC Hep C Tesis Relus	ed		16. Finm Hes TST with LT					28. # Chlamy			0
7. a. if Clinical HIV Tests			17. # Refused 1100 Prophy	rlakis				29. ≠ Syphilis	Card		0
b. # Clinical May Tosts Po	r, ir lve		18. It IST Convenien				٥		*:		]
8 Inmines D. AIDS			19. Haf CXR for LTBI/IB								
9. Indianes Di HIV			20. Hinibenza Vaccenos C	even			0				
10. a # Canical Hep ⊊ Tests			71. Il Prigumovai Given				0		:		i
b. # Clinical Hep C Tests	Positive	0	22. # Of Boosters Gwen				0				1
H S A Signatule	-						Date	10/9/16			

				ICO CONRECTIONS DE							
Facility / tevel:	\$cc i-u		Monthly	Report To Health Servi	Kes Buteau Month/1	(ear:		Nov.2016			
IISA Signature				-			ampleted:	11/4/2016			
				-	Average (			406			
Caronic Care Clinics	# Enrolled	Scheduled	1	Refused		_	Wak Visits	Physician	MidLevel	Nursing	_
1 Cardiac/UTU	9 30		4 3	0	D 1 Sebate	_	Carec Visits Scen	PREADER 184	126	162	ł
2 Endocrine/Diabetes	25 13		<del> </del>		D 2. Clercal			9	15	4	1
) Gastramiesimal	1		3				Actused	3	0	1	1.
4. 00/GYA	. 0 0	) o (	0 0	a			naft Signed	,	0	п	1
5. Genito-Univery	, ,				O b. Sec	oids	haues	0	0		
6 HepC	145				O c. ou			0	.0	0	
7, ktr	<del>                                     </del>	, , , , , , , , , , , , , , , , , , ,			O 3. % Resc			100%	100%	100%	
8. Infectious Dz/INIII	9 6	1	1		o S. ADC so			<i>0</i> %	0%		
9. Seuro/Seiture 10. Otho	. 0 14				1 -			17	0	<u>0</u>	
tt. Pyrchistry	153				12 7. Mrasy		n Transfers	1/5		445	
12. Respiratory	35				O 8. Cadet I			1	0		
13. Special Needs	1				0 2. kNate						1
14. Pain Management							alth Mantenance	ò	0	0	1
15. Anticoagulant	3	. 3	3		0 11. SELC			0	D	787	
On-Site Specia	hy/Services	LINFERMARY	/LTCU				ists Hatteen	6	0		
1. Dalyso		I. F Observation Status			0 13 543 6	Hνε	its Refused		٥	2	l ' ' .
2. Diagnostics		2. # Admit Status			0 14 Discha	rgej	Parole Reentry			11	: ;
). d8/Gyn		3. If thousing Status					fürgenr Seen	5	1		
4. taboralovy Studies	196	4. # In Geriaans Unit					YAL SERVICES	Schedofed	See # B	Attioned	1
5. Minor Procedures	<del></del>	S. sl in Hospice Care			() j. Denial			85	85		l · :
6. Mammograms	<u> </u>	INMATE DE	(TRS	<del></del>	). « Dent.				1	_ •	l ·
7. Hephrology	·	1. Total # of Deaths			013. #30 ba 014. #Annu			.42	12	•	
8. Optometry 9. Radiology Studies		7.# Deaths Sworde  3  # Deaths at Hospital	<del></del>		O 4. #Anno O 3. #Denai		ams	12	17	0	
10. Physical Therapy		4. If Deaths at Facility			O.7. W Gallar		15	27	27	0	
	<u> </u>				8 FORS						١. ا
Off-Site Service	es Consults					Ŧ	Tel	of Days Peading S	de Calif Appole	tement	
1 ER Visita	2		· PHARMACY				I Days pending medi	al apparelment			2
a Admitted from ER	•	1. Fon Rx			2	72.2	. Il Dans pending denta	l specintment			3
J. Ambulance Transports	0	2. f on HCV fo				13	. V Days pending psych				- 6
3. Total # of Hospital Admits		3. F Dr. FRY on Re				4		YCHIATRY PIRFORE		MES	
a. Impatient Surgeries		4. # Do ARDS on Rx				현	. # Suitude Aftempts []				1
S. Outputerel Surgeries	- <del> </del>	5. # on HIH Meds			+	912	. P Immates Receiving I		liors		
6. Off-Site Referrals 7. Off-Site Referrals Approved	<del></del>	<ol> <li>Completed VIH (for I</li> <li>On Rufer Active 16</li> </ol>	.TBI)		+	91	, # Annates in Therape . # Hemates with Ment	ulic Belliain'is			- 9
8. Oil-Site Referrals ATP	<del></del>	3 a on Psych Meds			12		ARSCELLA		dealoalistep		
9 Off-Site Diagnostic Studies		9 e on Refor AUGA			+		. I Informal Complain		4, e IITAI Diel		0
10 Cdf-54e Specially Visits		10 # Off-sele Pharmacy R			<del>                                     </del>		. A Formal Glievances		S. e Cardae D		- 2
after Fours/weekends		11. # Nursing medication			1	o i	. # Drabett Man	9			
			NEW MEK	CO CORRECTIONS DE	ARTMENT						
				eport To Health Servic							
	<u> </u>			E/MEECTIOUS DISEASES				<u> </u>			
3. MRDC HIV Tests			II. # immanes prevented t			4		<ol> <li># Hep A Vaccine</li> </ol>			
2. #RDE HIV Tests Paseive			17. A Approved for HCV To	<u> </u>		+		za, # Hep 8 Vaccine			
1. #RDC inmodes Refused HIV Te	ıt		13. # Completed #ICV Ts.			+		25. # New HPV Case			0
4. # RDC Hep C Tests 5. # RDC Hep C Fests Positive			14. # 151 Given 15. # Newly Cor Acute 18	<del></del>		+		26. 4 New haksa Co 27. 4 Gonnachea C			
6. Y PDC Hep C Tests Perfused			16. # Inmates TSF with UI			+		28 # Chlamydia Cat			, v
7. a. # Orncal HIV Tests			17. # Reluned LTBI Prophy			+		29 P Syphilis Cases	×		
b. # Christal HW Tests Positive			18. F157 Cornerters			†	. 0				20 1
B. Immates Dr AIDS			19. Policem for LibyTD			1	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5. Inmates D4 HIV		0	20. # Sofluenza Vaccines G	hen		I		1.7	1,400		
10. a. # Chrical Hep C Texts			21. # Pneurwovax Geren			ſ	0				
b. P Clinical Hop C Tosts Poster	NE .	1	32. d OT Boosters Given			ŀ					
HS 4 Signalere			·····	·•······	-		Date		11/4/2016		

						Report To He						l	
Facility / Revel:	SCC 1-II				77.2			Month / Ye	#*	Nevember 201	6	,	
						_						•	
HSA Signature						-		Date Free	t Complesed:	17/5/2016		-	
								Average 04	By Census:	474			
Chronic Care Clinics	# 2nvolled	Schedule	d	54	<del>-</del>	Retu	e¢.	Ι	CHair Visits	Physician	MidLevel	Nursing	
1. CMGH/III H			15	2	11	0			ed Clanic Visits Seen	156	art.	793	Ì
2. Endozeine/(Rabetes	16 t-				. 11	0			isits foot Seen	2			Į.
3. Gastrointestenal		<u> </u>	2		- 1	1			nt Belused	1	1		[
4. OR/GYII		<u> </u>	0				0		fer at Signed	1 0	0		ł
5. Genito-Missare 6. Hep C	123		27		27		- 0		dylssues Constit	1 6	_	1 1	ł
t. Hry		=						3. % Reigh		<del>                                     </del>	<del>                                     </del>		1
8 Indecisous De/19514	ol G		0	0				4. Segregat		95	0%	σs	1
9. Neuro/Seiture	1 1			0		0		5. ADC Into	te	0		0	1
10. Onto			3		2			G, Byldagyst		1	۰	ı,	1
12. Psychiatry	146	s	84		64	O-	)3	2. Intrasyst	en littaket	33	0	22	]
12. Respiratory	. 3:	3			8		0	B. Cardel Ph	yskals .	1	0	2	1
13. Special Needs			5		5			9. Inlake II			,		1
(4. Pain Management			٥	<u> </u>	0	ļ			Health Makingounce	11		27	]
15. Anticoagulant	<u> </u>	_	2 2   2     INTERMARY/LTCU   P. Observation Status					11. Skk Ca		D			
On-Site Specialty/S			# Observation States						Vicils Nat Seen		-	_	
1. Giałysis 2. Biagnostics	- 5		# Observation Status d Admit Status						Visits Religsed (e/Parole Recently		9	32	1
3 08/Gyn									nt/Urgent Seen	- 6	3		
1. Laboratory Studies			D Adreid Status # Hoperaty Status D In Generatic Unit						ENTAL SERVICES	Schoduku	Seen		Ī
S. Manor Procedures		S ain Hospice Ca						1. Deniskyi		76	72		•
6 Mammograms			ATE DEA	ATHS				2. # Certal		1	1		l
7. Nephrology		1. Total # of Doar	hs				0	3. F 30 Day	Емпи	40	40		1 .
6. Optometry		2. # Deaths Surced	·				0	4. # Annyasi	Éxams	5	s	0	1 .
9. Rudiology Studies	16	) r Ceaths at the	spit <b>at</b>				. 0	3. # Deptur	rs .	26		٥	
10. Physical therapy	0	4. # Doaths at Fac	llay				0	7. # Extracti		49	49	0	l
		1						e. # Olf-Site		٥		0	L
Oil Site Services C	oenults.						<u> </u>			d Days Pending Si	R.Call Appoil	Alphart.	<del></del>
1. EA yests  a. Adminish from ER	- '		<del>.</del>		PHARMACY	<del></del>		<del></del>	1. # Days pending medic.				-
2. Ambulance Transports		t. ≠ op Ra 2. Fan NEV Ra							<ol> <li>P Days pending demail</li> <li>P Days pending psychology</li> </ol>				
3. Total Fol Hospital Admits		2. # Dr HIV on Ra					-	<u>`</u>		CHIATRY PERFORA	AABET BATAS		· ·
4 Inpoliant Surgeries		4. # On AIDS on A						<del>-</del>	1. # Suitide Attempts [H				
5. Outpatient Suigeries		S. MoniNet Meds							2. or Implates Receiving fo			-	
6. Off-Site Referrals	16	6. # Camplesed M	bi (Far E	181)					3. # Inniales in Pherapeu				
7, ON-Site Radettak Approved	1	7 F on Re for Act	ive TO					- 0	4, # Pengles with Meng	leath freatment	Guardiamhir	,	
8. Olf-Site Referrab ATF	• • • • • • • • • • • • • • • • • • • •	f. Konfychte	ds					124	MASCELLAN				
9. Olf-San Diagnostic Studies		9. I on Rufai MR							). # Indormal Complaines		а. Янти Ок		<u> </u>
10. Off-S4e Specially Visits		JO. # Olf-site Pha							2. # Formal Guevances		5. # Cardiac	D-ets	2
alter hours/weekends	2	11. A Newsing Process	ir align	e11043				15	1. #Diabetic Diets	14			
1						GCO CORRECT							
£ 1						Report To Hee MASECTIOUS DI		es pureso				I	
1 #ADCJIN lests		· ·	- nl	11. d inmare			344342			23. J Hep A Vaco	nei Galen	$\overline{}$	· · ·
2. # ADC NY Tests Positive				12. # Approx						24. # Nep 9 Vacci		-	Č
3. #ADC menales Refused HIV Test				1) # Comple						25. # Mew HPV C			0
4. 9 RDC Hep C Taxis				14. ØTST Gha						26. IF HOW MARSA			3
5. F ROC Hep C fee is Positive			О	15. F Newly E	M ACUED E8					27. # Germonhea	Cases		
6. # 400 tep C Tests Relused				16. ¥9nmales					. 0	28. # (Namydia)	ares		0
7, a, e Clinical HTv Texts		<u> </u>		17, # Refuted		April				29. # Syphilis Cas	ę£.		
b. # Clinical IBV Tests Posmive		ļ		IB. # 15T Con					0	1. 1. 1. 1. 1.			
8. Irvnates (in #105				19. # of CKR (									
9, Mangles Ou selv 10 a. # (finital Hep C Tests				20. Finilyens		PVK41			0	100		· .	
b. • Clinical Hep C Tests Positive				21. 4 Pheumo 22. 4 Dt Boor					0	1			
a arrest regio (cata r using)			ų.	21 0091	Giveri				0.				
HS A Signature									Date				
								'					
plante, and the material													
												14-4	## IJE ##*9ENJ

F					NEW MEKICO	CORRECTION	S DEPARTS	MENT					
L					Monthly Nepo	rt To Health :	etvices Bu						
Facility / Level:		5001-9				-		Momb/Ye	ar.	December,2016			
HSA Şignature						_		Дате <b>Веро</b> гі	Completed:	1/5/2017			
								Average Da	ily Census	406			
		ntolled			<del> </del>	T		T	.10.0	P2	Millovel		
Chrenic Care Clinics Catchac/#1TH	117	N10400	3CR#	duled 13	Seen 13	Refu	1014		e Visita d Clinic Visits	Physician 166	NIGHLBVEI	Norskeg 373	t
2. Endocrine/Debetes	18	15	16	1	16 9			2. Conical V			10	D	ĺ
3. Gastroletermost		6			2	1			d Refused	,		2	ĺ
4. DB/GYN	0	a	0		0 0		0		lusals Signed			15	
5. Genito-Urinary		2		2	1 2		0			0		Ð	4
6. Hep C		117		47			0					100	
2. JUV 6. Infections 07/JNII)	a.	· D	9	0				3. % Resolu 4. Segregal		100		100	ı
9. Neuto/Sciaute	1	ш	1	5	1 5			5. RIPC anial		0		0	1
10. Ortho	0	0						6. Intrasyst		11		11	
11. Psychiatry		141		107	98	В		7. Intraspet		.18	0	38	
12. Respiratory		34		17	17			8. Cades Ph	yşiçağı		0	1	
13. Special Needs				5	6			9. Wildlig He			15	15	
14. Pain Management		- 0		- 0	9				leaith Marri	<u> </u>	0	376	1.
15. Anticoagulant	cialny/Service			INFHRAGASY,	<u> </u>	L	0	11. Seck Col	Visits Not Se	} <u>°</u>	0	376	
t. Dishsit	***************************************		1 # Observa		,			13 Set Call		<u> </u>	-		1
2. Degrostics			2. PAGENTALS					14 Oncharg		·	0	32	ı
). 08/Gyn		0					0	15. (merge	nt/Urgen4 Sev	. 5	2	14	1
4, Lubokatory Studies		605	4 Fin Gerial				0	DENTAL	SERVICES	Schoduled	Seen	Refused	i
5 Marca Procedures		- 2	S. A in Hospi	e Care	•		Đ	). Depart Vi	1611	91	91		l
Mammograms		2		INMATE DEA	Virks			2. # Dental				0	į
7. Nephiclogy			1. Tetal#of					3. H 3D Day		28		0	ĺ
3. Optometry			2. d Deaths 5				0	4. # Annual		33	33 24	0	İ
9 Radiology Studies 10 Physical Therapy			3, # Deaths a 4, # Ocaths a			<u> </u>				14	44	- 0	1.
		· . ·				····	· · · · · · · · · · · · ·	g # Off-Sico				0	İ
Off-Site See	vices Consul									Total # Bays Pendir	g Sich Call Ap	eletment	
1. ER Worts		0			PHARMACY	<u> </u>	- :-		1. Then be	nding medical appoints			
a. Admitted from ER			1. Ton Ra					269	2. # Dark pe	nding denial appointm	tOI		10
2. Ambulance Transports			2 ■ on HCVR	•					3 F Days pe	nding psychiatry appoi			4
), Total Fol floopital Adm			3. # Da HIVe					2		PSYCHIATRY PERF			
4. Impatient Surgeries		0	4. R De AIDS o S. Fortifel N		· · · · · · · · · · · · · · · · · · ·					Arrempts (Hanging, Me		x.)	0
5. Outpatient Surgeries  6. Oif-Site Referrats			6. # Complex		tau					Receiving forced Proch in Therapeutic Restrain			9
7. Off-Site Referrats Appro			7. Fan fix is		runj					with Menial Health Tr		ونطرطجنا	
8 OH-Site Referrals ATP		0	B. I on Prych	sted:				115	. ме	SCELLANEOUS		· · · · · · · · · · · · · · · · · · ·	
9. Olf-Site Olagnoste: Stee		3	9. Non Aufor					0	j. ši informa		4. FHIH Bat		0
10. Off-Site Specialty Visit		0	10. F Off-site	Pharmacy Ru				,	2. # Formal 1. # Crabello		5. # Cardiae (		. 0
Transported		•	II A Musing	medication	rivers			2	Dieck	70	1 .	·	
<u> </u>					DOOKSM WEN	ORRECTIONS	DEPARTM	ENT					
, L					Monthly Repor			reau					
					COMPANIANCABLE		ISEASES	·		155			
1. #RDC HIV Tests  2. #RDC HIV Tests Positive					13. # Immates presonted to					23. # Rep A Vaccines 6		-	
3. # RDC Inmates Refused h					12. # Approved for HCV To 13. # Completed II/CV To					75, # New HPV Cases	arvill		
4. # RDC Hep C lests	77'		•••		14. # 15T Goven					26. # New MRSA Case	1		
S # RDC Hop C Texts Position					15. # Newly DeActore TB					27. 🗷 Gonnorhea Carr			0
6 MRDC Heb C Tests Refore	rd				16 Kinmales EST with LTI					28. # CMannydia Cases			.0
7. a. a Clinical HIV Tests					17. F Refused CTIP Propley	larós.				29. A Synthilis Cases			
b. P Clinical HIV Letts Po	sitive				18 4 TST Converters				0			1.1	
B. Inmates Dr. AIDS 9 Inmates Or HIV					19. A of CAR for LTBI/TB 20. A Influenza Vaccines G	iveD			10				
10 a. # Clinaral Hep C Tests					2) # Pheumoras Given				- 10				
b # Chinical Hep C Tesus					27 # DT Boosters Given				-	l · . · ·	<u>.</u>		
N & A Signature	-								Dane	1/5/17			

Provided Hill Science

							PRRECTIONS DE							
					Mor	thly Report	To Health Serv	ices Bu					i	
Facility / Level:	_5	CC 141							Month / Yes	r:	January, 20	17		
HSA Signarure:	_		•••						Date Report	Completed:	2/5/2017			
									Average Dail	y Census:	424			
Chronic Cara Clinics	# Епго	lad.	S-her	dulad	\$00		Refuted		CHn2	vietu .	Physician	MidLovel	Nursing	
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2. Endocrine/Drabetes	18	16	10	10	10	10	0		2. Çênical V		0	0	2	
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4. OD/GYN	9	0	0	0		0	0	0		osals Signed	2			
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7, HBV 8. Inlections Dr/IRM	of	0	0			0	o		4. Segregari			0%	0%	
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II. Psycholov		147		27		20	7		2. Intrasynu		26		25	i :
12. Respiratory		34		14		14	0		8 Cadel Ph	nicals	1	٥	0	
13. Special Needs		6		3		3	.0		9. Intake IN		0		0	١. ا
14. Pain Management		0		- 0		O	0			tealth Mainte	16	0	18 286	
15. Anticoagulant	<u> </u>	<u>.</u>		<u> </u>		1		0	11. Sick Call			0	286	
	rciolty/Services			INFRRMARY/E	τςυ					Visits Not Set Visits Refused	0		<del>-                                    </del>	
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3. 09/Gyn	+	-	3. #Housing						15. €merger		6	- 4	15	
4. Laboratory Studies	<del>                                     </del>	\$61	4. # In Gerial					0		SERVICES	Schedused	Seun	Refused	
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8. Optometry	ļ		2. If Deaths Si						். பி அவருமி		6	6	0	
9. Radiology Studies	<del>  </del>		3. # Dearhs a						5. P Denture		22	22	0	
10. Physical Therapy		. •	4. R Dealles a	t Facility					7. M Entració 8. M Offi-Sito		<b>46</b>			
Office	rvices Consults		5					:	6. a On-sile		stal # Days Pe			et
I. FR Visas	- COLEMBIA			<del></del>		HARMACY			<del></del>		nding medical			. 2
a. Admitted from ER	<del>                                     </del>		1 # on %						250		nding demail a			12
2. Ambulance Transport			2. Ø og I¶ÇV R						0		nding psychiat		ml	
3. Total X of Hospital Ad	m		3. # Dx HIV e	in Ak					2		PSYCHIATRY (	PERFORMAN	CE MEASURE	ï
4. Inpatient Surgeries			4. # De AIDS	on Re					0		un empts   Har			
S. Outpatsent Surgeries		0	S. # on INII N								fleceiring loc		dications	
6 Off-Sale Referrals		15	6. # Complete		Bi)						in Therapouti with Memail 2			0
7. Off-Sate Referrals Appr		12	7. If on Re to	r Active TB									ICHI GUARGIAN	
8. Off Site Polerrals ATP			* * *	. a s . d .										
	<del></del>	. 3	8. W on Psych						85	MISCELI	ANFOUS			0
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SA Signature:									Date Report	Completed:		2/28/2017		
									Average Da	δγ Census:	396			
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. Ambulance Transoc . Total if of Hospital A				2. # on HCVRs 3 # DaHNVon	•							PERFORMANC		<u> </u>
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D. a. II Clinical Flep C	Tests					21 # Preumovas Gi				36				
b # Canical Hep C						22. # OT Boosters C				70	<u> </u>			
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Facility / Level:		SCC I-D			IN	onthry Hapo	rt To Health	Services a	•	Month / Yes	or:	April, 2017			
HSA Signature:							_		L	Jate Report	Completed:	May 1,201	7		
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									Average Da	ily Census:	419			
Chronic Care Clinics	# Eps	bello:	Sche	duled	Seen		Reli	used	· Clin	le, Visits	Physician	MidLevel	Nursing	
1. Cardiac/HTN	18	10	2	10	2	10	0	g	1. Schedus	ed Clink Visits	159	243	467	
2. Endocume/Dishetes	35	9	12	11	12	11	0			Visits Not Seen	3	2	?	
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t. Diahois			1 # Observa	Lion Status				0	13 SKLCal	l Visils Rafused	0	٥	2	!
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7. Nephralogy		0	1. Total # of	Daaths				0	3. # 30 Day	Exams	110	119	110	: .
8. Optometry		. 26	3. P Deaths S	jetido					4. #Annua		- 73	73	73	1
9. Radiology Studies	<u> </u>		3. P Deaths a						S, #Dengu		28		28	l .
10. Physical Therapy		2	4. # Deaths a	t Facility				0	7. WEntraci	lons	54	5.1	54	2.5
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Off-Site Sen	fors Consults			<u>:</u>					8. H OH-Sil	Visits t	otal # Doys Pa	o nding Sick C	•	nt
1. ER Visius	does Consults			:	Pŧ	HARMACY				t Visits t	0 otal # Days Pa nding medical	O metáng Sick Co appointment	•	nk ?
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## **COLLINS & COLLINS, P.C.**

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

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

March 30, 2021

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

RE: Inspection of Public Records Act (IPRA) Request

Subject: Most recent ACA Accreditation Reports, all NMCD facilities

Date Range: 2018 to the present

Dear Mr. Fitzgerald,

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

#### **DOCUMENT REQUEST**

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

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

# **INSPECTION OF PUBLIC RECORDS ACT**

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

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

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

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

Sincerely,

COLLINS & COLLINS, P.C.

## s/Parrish Collins

Parrish Collins

PC/gtg

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

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

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

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

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

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

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

From: Guy Gambill <guy@collinsattorneys.com>

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

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

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

Alrighty then! See you tomorrow.

**GTG** 

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

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

To: Guy Gambill < guy@collinsattorneys.com >

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

We'll call you. Thanks Guy.

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

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

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

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

Thanks,

**GTG** 

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

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

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

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

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

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

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

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

Hello Andrew,

I need to schedule a call with Mr. Wilson.

Thanks,

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

# F: (505)-242-5968

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

# Collins & Collins, P.C.

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

June 30, 2020

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

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

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

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

#### Gentlemen\Mesdames:

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

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

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

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

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

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

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

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

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

#### Preservation of Evidence:

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

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

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

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

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

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

PC/gtg

Cc: Rachel Berenson

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

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

## NEW MEXICO CORRECTIONS DEPARTMENT

## **INMATE INFORMAL COMPLAINT**

Inmate Name: <u>Treneeshia</u>	S. McBride	NMCD#: <u>5</u> :	<u> 3698</u> _	
Facility: WNMCF	HU/Cell # <u>WW5 N10</u>	Date of Inci	dent: On-going	Medical Care
Kelsey White, Officer Ba Secretary Alicia Tafoya-L	n to whom the complaint was ca, Officer Denise Gonzales, D cucero, NMCD Adult Prisons I eputy General Counsel Brian Fi	Deputy Warden Vir Director John Gay.	ncent Vigil, War	den James Yates, NM
for treatment of her condi- markedly. She is now Stag medical care. Necessary at 6, 2020. She is requesting as, to any outside medical	A	intil her transfer to shoma. She has file is not been provided f New Mexico Hos ed by physician. Fo nas filed grievances	the WNMCF, bed multiple grieved. The last grieved spital for appropriate the distress and the matters are son the matters and the matters are son the matters.	out which has deterioral ances seeking appropriance she filed was on Juriate medical care, as we dinjuries she has suffe addressed below that he
Constituent Signature:	R1-	Date:	6.	0.20
Unit Manager/Chief of S Date Received:	ecurity/Designee			
I,Unit Manager/	Chief of Security/Designee h	nave reviewed the a	bove informal c	omplaint and
Recommend:	() Resolution	() Recom	mend formal gri	evance
Explain:				
Staff Member:	/ Print / Sign		Date:	
Acknowledged by the sign	atures below, this informal con	nplaint is: Q Reso	lved	Unresolved
Unit Mgr/Chief of Security			Date:	
Staff Witness:	Print / Sign / Print / Sign		Date:	
Inmate:	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:: Treneesh	ia S. McBride	NMCD#: _	53698	
	HU/Cell # <u>WW5 N</u>			oing Retalation
Kelsey White, Officer B Secretary Alicia Tafoya-	aca, Officer Denise Gonzales.	, Deputy Warden s Director John	Vincent Vigil,	Medical Staff, Unit Manager Warden James Yates, NMCD dult Prisons Director Anthony
for treatment of her cond CoreCivic and NMCD has on or about May 6, 2020 related the retaliation ag	lition. She filed numerous me ave retaliated against Ms. Mcl ) for 10 days, Ms. McBride h ainst her for filing medical gr in damages. Ms. McBride ha	edical grievances Bride in a numbe as suffered sever rievances. For th as filed grievanc	for failure to part of ways included the physical, psychete distress and it es on the mattern	She has made repeated requests rovide necessary medical care. Iting placing her in segregation chiatric and emotional injuries njuries she has suffered she is addressed below that have
Constituent Signature:	11-	Date:(	6.36.20	5
Unit Manager/Chief of Date Received:	Security/Designee			
I,	ar/Chief of Security/Designee	have reviewed	the above inform	nal complaint and
Recommend:	( ) Resolution		commend forma	
Explain:				
Staff Member:	/ Print/Sign			Date:
Acknowledged by the sig	gnatures below, this informal c	omplaint is: Q 1	Resolved	Unresolved
Unit Mgr/Chief of Securi				Oate:
Staff Witness:	Print / Sign			Date:
	Print / Sign	···		Pate:
	Print / Sign			

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

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

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

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

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

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

July 9, 2020

#### TORT CLAIMS NOTICE

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

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

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

Our Client: Joseph Uresti (NMCD#: 71431)

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

Action: Tort Claims Notice, Spoliation and Deliberate Indifference Letter

Date: July 8, 2020 and on-going

## Gentlemen\Mesdames:

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

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

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

### Ms. Uresti reports the following:

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

COLLINS & COLLINS, P.C.

## /s/Parrish Collins

Parrish Collins PC/gtg

Cc: Rachel Berenson

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

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

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

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

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

July 9, 2020

### TORT CLAIMS NOTICE

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

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

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

Our Client: Joseph Uresti (NMCD#: 71431)

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

Action: Tort Claims Notice, Spoliation and Deliberate Indifference Letter

Date: July 8, 2020 and on-going

## Gentlemen\Mesdames:

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

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

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

### Ms. Uresti reports the following:

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

COLLINS & COLLINS, P.C.

## /s/Parrish Collins

Parrish Collins PC/gtg

Cc: Rachel Berenson

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

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

### NEW MEXICO CORRECTIONS DEPARTMENT

### INMATE INFORMAL COMPLAINT

Inmate Name: <u>Joseph Uresti</u> _		NMCD#:	714	31	
Facility: <u>CNMCF</u>	HU/Cell #LT0	CU D	ate of In	cident: On-goi	ng Medical Care
Name of subject or person to Craig Cole, Deputy Warden Mi Tafoya-Lucero, NMCD Adult Chief Deputy General Counsel	ke Delatorre, Deputy W Prisons Director John (	arden Joe Lytle,	Warden 1	Robin Bourne,	NMCD Secretary Alicia
Explain your complaint in deta an Orthopedic Surgeon. He was Otero County Prison Facility (he was seen by Dr. Rouncevill has still not been seen by an Or damage to his feet and ankles. I provided. Due to the injuries he	s recommended to see as OCPF) and has made sue at CNMCF and referrational through the control of	n Orthopedic Subsequent, repeatal was made to ong and sustained Orthopedic Subsequent Or	rgeon as of ted requent Dr. Patelled medica argeon an	early as 2014- ests. The week As of date of all negligence had appropriate	15 while an inmate at the end of June 27-28, 2020 this filing, 7/8/2020, he as resulted in irreparable medical care needs to be
Constituent Signature: /s/Parri	sh Collins		Date:	July 9, 2020	<u> </u>
Unit Manager/Chief of Secur Date Received:					
I,Unit Manager/Chief o	of Security/Designee	_ have reviewed	the abov	e informal cor	mplaint and
Recommend:	() Resolution	() R	ecommer	nd formal griev	vance
Explain:					
Staff Member:	/			Date:	
Acknowledged by the signature		_			Unresolved
Unit Mgr/Chief of Security/De	signee:			Date:	
Staff Witness:	Print / Sign /			Date:	
Inmate:	Print / Sign			Date:	
	Print / Sign				

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

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

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

### NEW MEXICO CORRECTIONS DEPARTMENT

## INMATE INFORMAL COMPLAINT

Inmate Name: <u>Joseph Uresti</u> _		NMCD#:71431	
		TCU Date of Incide	ent: On-going Medical Care
Services Management, LLC, Warden Robin Bourne, NMC	Unit Manager Craig C D Secretary Alicia Ta	Cole, Deputy Warden Mike De	nd its Medical Staff, Summit For elatorre, Deputy Warden Joe Lyth Prisons Director John Gay, NMC Brian Fitzgerald.
and carbohydrates. The trays great risk of COVID due his d to be placed on an appropriate	put him at great risk d iabetes, compromised diet for his condition. nages for the injury he	ue to his severe diabetic condit immune system and high blood In the event that a proper dial has sustained as a result of the	e almost entirely composed of sug tion. The food trays also put him d pressure. Mr. Uresti is requesting petic food tray is not provided, he Corrections Department's staff and
Constituent Signature: /s/Parr	ish Collins	Date: <u>July 9, 2020</u>	
Unit Manager/Chief of Secu Date Received:	rity/Designee		
ſ.		have reviewed the above in	nformal complaint and
Unit Manager/Chief	of Security/Designee	have reviewed the above in	
Recommend:	() Resolution	() Recommend f	Formal grievance
Explain:			
Staff Member:	/ / Print / Sign		Date:
		al complaint is: Q Resolved	_
Unit Mgr/Chief of Security/De	esignee:		Date:
Staff Witness:	Print / Sign		
	Print / Sign		Date:
inmate:	Print / Sign		Date:
	•		

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

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

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

# Collins & Collins, P.C.

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

July 23, 2020

### TORT CLAIMS NOTICE

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

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

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

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

#### Gentlemen\Mesdames:

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

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

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

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

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

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

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

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

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

### Preservation of Evidence:

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

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

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

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

150501.3 and in accordance with NMCD policy.

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

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

PC/gtg

Cc: Rachel Berenson

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

### NEW MEXICO CORRECTIONS DEPARTMENT

## INMATE INFORMAL COMPLAINT

Inmate Name: Melissa Fo	olsom NMCD#:	<u> 48142                                     </u>	
Facility: <u>WNMCF</u>	HU/Cell #	Date of Incident: Failure to treat HCV	
Kelsey White, Officer B Secretary Alicia Tafoya-	aca, Officer Denise Gonzale	t was filed against: Wexford and its Medical Staff, Unit es, Deputy Warden Vincent Vigil, Warden James Yates ons Director John Gay, NMCD Adult Prisons Director in Fitzgerald.	, NMČI
RDC almost three years a clinic and to be seen by infractions. She has now repeatedly asked for treat	ago. She was subsequently described Project ECHO Staff. How not had any infractions for ment and continues to be described.	was diagnosed with Hepatitis C (HCV) on her entry at Waleemed to have a high enough viral load to qualify for chrowever, treatment for her HCV was withheld due to dis approximately 12 months but still is not being treated. For the distress and injury she has suffered she is reances on the matters addressed and has received no recognition.	onic car ciplinar She ha cquestin
Constituent Signature: _	RC	Date: 7,23-20	
Unit Manager/Chief of Date Received:	Security/Designee		
I,Unit Manage	r/Chief of Security/Designee	have reviewed the above informal complaint and	
Recommend:	() Resolution	() Recommend formal grievance	
Explain:			
Staff Member:	/ 	Date:	
		l complaint is: Q Resolved   Unresolved	
Acknowledged by the sig	matures ociow, tins informa		
Unit Mgr/Chief of Securi	ity/Designee:	Date:	
	ity/Designee:Print / Sign	Date:	-

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

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

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

----Original Message-----

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

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

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

Job No.: 011859 Result: OK

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

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

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058272969

Thanks,

----Original Message-----

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

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

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

Job No.: 011858 Result: OK

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

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

Category: Sending Jobs

Result Job Type Address

\_\_\_\_\_

OK FAX 5058278533

Thanks,

----Original Message----

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

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

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

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

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

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058278533

Thanks,

# Collins & Collins, P.C.

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

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

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

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

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

### Gentlemen\Mesdames:

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

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

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

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

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

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

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

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

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

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

### Preservation of Evidence:

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

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- 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, unreducted inmate file including all disciplinary records and a full location history.

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

We are enclosing two completed informal complaints filed on behalf of 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#:
Facility: WNMCFHU/6	Cell # Unit 3/106 Date of Incident:August 19, 2020
Deputy Warden Vincent Vigil, Warden .	e complaint was filed against: Wexford and its Medical Staff, Dr. Sharpton James Yates, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prison is Director Anthony Romero, NMCD Chief Deputy General Counsel Brian
provided that are commensurate to the magnetic on multiple occasions and still is received. This negligence has resulted in permane cardiovascular system. Ms. Vasquez is re-	Ira Vasquez Garcia has repeatedly requested that her dietary food trays be an agement of her Diabetes Mellitus. She has filed informal complaints on thing a dietary allocation that is high in carbohydrates and toxic for any diabetic and taxing to her eyesight, diabetic neuropathy and potential damage to he equesting provision of proper dietary allocations appropriate for her conditiones for the injuries and pain she has suffered.
Constituent Signature:	Date: 8.2c.2c
Unit Manager/Chief of Security/Design Date Received:	nee
T	
Unit Manager/Chief of Security/Des	have reviewed the above informal complaint and
Unit Manager/Chief of Security/Des Recommend: ( ) Reso	
	olution () Recommend formal grievance
Recommend: () Reso	olution () Recommend formal grievance
Recommend: () Reso	olution () Recommend formal grievance
Recommend: () Reso	olution () Recommend formal grievance
Recommend: () Reso	/Date:  this informal complaint is:   Recommend formal grievance  Date:  Unresolved  Date:  Date:
Recommend: () Reso	/ Date: Print / Sign  this informal complaint is: Q Resolved   Unresolved  Print / Sign
Recommend: () Resorted Staff Member:	/ Date: Print / Sign  this informal complaint is: Q Resolved   Unresolved  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 Vase	quez Garcia	NMCD#: _	<u>51063</u>		
Facility: WNMCF	HU/Cell # <u>Unit 3/10</u>	Date of	Incident:	August 19	9, 2020
Deputy Warden Vincent V	n to whom the complaint was ligil, Warden James Yates, N D Adult Prisons Director Ant	MCD Secretar	y Alicia T	afoya-Lucer	ro, NMCD Adult Prisor
2020 and she has repeated doctor that she would be padditionally, she was told by Dr. Sharpton on Augus breathing and a cursory ex	detail: Sandra Vasquez Garcy asked for help. She also has prescribed water pills and it washe had a serious sinus infect t 19, 2020. However, the only amination of her ears. Ms. Vasiety and damage to her health	experienced so vas also mention tion and was planting diagnostics co asquez Garcia	evere edent oned that s laced on a onducted v needs to s	na in her leg the might ha ntibiotics. S vere using a see a heart sp	s. She was advised by the save issues with her hear he was finally seen aga stethoscope to check he becialist immediately ar
Constituent Signature:	RL	Date:	2.2c.	<b>₹</b> च	
Unit Manager/Chief of So Date Received:					
I,Unit Manager/	Chief of Security/Designee	have reviewed	the above	informal co	omplaint and
Recommend:	() Resolution	() Re	ecommend	formal grie	evance
Explain:					
Staff Member:	/ Print / Sign			Date:	
Acknowledged by the sign	atures below, this informal co	mplaint is: Q	Resolved		Unresolved
Unit Mgr/Chief of Security				Date:	
Staff Witness:	Print / Sign / Print / Sign	·		Date:_	
Inmate:	Print / Sign				
	rtiat / 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-Tenn Care Unit (LTCU) to an outside, as yet undisclosed, medical facility on December 11, 2020 and that he has contracted Covid-19.

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

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

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

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

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

### Preservation of Evidence:

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

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

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

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

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

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

Sincerely,

COLLINS & COLLINS, P.C.

## /s/Parrish Collins

Parrish Collins PC/gtg

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

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

### NEW MEXICO CORRECTIONS DEPARTMENT

## INMATE INFORMAL COMPLAINT

Inmate Name: Dominick	Mora-Solis NMCD#:	: <u>83651</u>
Facility: CNMCF	HU/Cell# LTCU	Date of Incident: December 11, 2020
Correctional Facility (CN including HCV, recurrent failure to follow basic statindividuals within the Newsevere infections and had provision of appropriate m	IMCF). His many underlying co decubitis and sepsis and paraple dards of care and the minimum of Mexico Department of Correct to be evacuated by emergency medical care for Mr. Mora-Solis residences.	Long-Term Care Facility (LTCU) at the Central New Mex o-morbidities are well-known to staff and well-document degia making him highly vulnerable to Covid-19. Due to a recommendations set in place to protect highly compromisations (NMCD) Mr. Mora-Solis contracted Covid-19 and off y transport to an outside medical facility. The negligence represents deliberate indifference to his health and safety. Nuffering he has endured due to NMCD's gross negligence.
Constituent Signature:	RE, Attorne	Date: /2.15.20
Unit Manager/Chief of S Date Received:	Security/Designee	
I,Unit Manager	/Chief of Security/Designee h	nave reviewed the above informal complaint and
Recommend:	() Resolution	() Recommend formal grievance
Explain:		
Staff Manaham	,	Deter
Start Member:	/ Print / Sign	Date:
Acknowledged by the sig	natures below, this informal com	mplaint is: Q Resolved   Unresolved
Unit Mgr/Chief of Securi	· · ·	Date:
Staff Witness:	Print / Sign / Print / Sign	Date:
Inmate:	Print / Sign	Date:

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

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

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

----Original Message-----

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

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

Job No.: 013805 Result: OK

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

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

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058278533

Thanks,

----Original Message-----

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

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

Job No.: 013806 Result: OK

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

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

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058272969

Thanks,

----Original Message-----

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

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

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

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

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058278533

Thanks,

----Original Message-----

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

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

Job No.: 013807 Result: NG

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

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

Category: Sending Jobs

Result Job Type Address

-----

NG FAX 5053833510

Thanks,

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

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

December 18, 2020

### AMENDED NOTICE OF TORT CLAIM

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

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

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

Our Client: Dominick Mora-Solis

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

Date of Incidence: December 11, 2020

### Gentlemen\Mesdames:

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

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

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

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

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

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

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

### **Preservation of Evidence:**

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

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

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

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

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

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

Sincerely,

COLLINS & COLLINS, P.C.

## /s/Parrish Collins

Parrish Collins PC/gtg

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

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

### COLLINS & COLLINS, P.C.

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

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

January 19, 2021

### NOTICE OF TORT CLAIM

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

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

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

Our Client: Derek Duarte (NMCD 70426)

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

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

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

Location of Interest: Lea County Correctional Facility (LCCF)

### Tort Claims Notice and Preservation of Evidence

#### Gentlemen\Mesdames:

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

We have been informed by our client, Derek Duarte, that he has repeatedly requested medical attention for severe abdominal pain and for chronic Hepatitis C (HCV) over the course of the last six months. On June 13, 2020 he first reported severe abdominal pain in his lower left quadrant. By June 20, 2020 the pain had become acute and that it had spread downward into his legs. On June 30, 2020 he was unable to walk and this condition persisted until July 30, 2020. On August 26, 2020 he was finally taken to the hospital in Hobbs where an MRI was conducted. He was advised that he had a bowel obstruction and was prescribed laxatives. However, he reports that acute abdominal pain persists, and he continues to experience great difficulty walking.

Furthermore, Mr. Duarte reports that he was diagnosed with chronic Hepatitis C (HCV) and despite repeated requests for appropriate medical attention and treatment, but his requests have been ignored. He If these reports are true, the reckless disregard and deliberate indifference to the health and safety of Mr. Duarte should be immediately addressed.

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

### Preservation of Evidence:

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

- All medical records, sick call slips, medical grievances, photographs, videos, investigative files, communications, audit trails, audit log files, reports or any other documents and evidence.
- 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, unreducted inmate file including all disciplinary records and a full location history.
- 4. All recorded phone calls, incoming or outgoing, to which Mr. Derek Duarte was a party made at any time prior to today's date.

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

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

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

Sincerely,

COLLINS & COLLINS, P.C.

## /s/Parrish Collins

Parrish Collins PC/gtg

Cc: David Ketai
Robert Gentile
Julia Purdy
Terry Guebert
Moriama Valeriano

### NEW MEXICO CORRECTIONS DEPARTMENT

## INMATE INFORMAL COMPLAINT

Inmate Name: Derek Duarte	<u> </u>	126)	<u> </u>
Facility: LCCF-GEO Group	HU/Cell #	Date of Incident: January 1	9, 2021
experiencing acute abdomin requests for treatment of his incrementally over the cours medical facility to address h for his chronic Hepatitis C (	nal pain and impairment of his chronic Hepatitis C (HCV) as of months and is now unbeatis severe abdominal pain and (HCV). The negligence in prost health and safety. Mr. Duard	s ability to walk for over 6 m and reports that his level of p arable. Mr. Duarte needs to b his inability to walk. He furt ovision of appropriate medic	nal Facility (LCCF), He has been onths. He also has made repeated pain and discomfort has increased taken immediately to an outside ther requires immediate treatment cal care for Mr. Duarte represents amages for the pain and suffering
Constituent Signature: /s/Pa	rrish Collins Date: January	y 19, 2021	
Unit Manager/Chief of Sec Date Received:	curity/Designee		
l,Unit Manager/Cl	nief of Security/Designee	nave reviewed the above info	ormal complaint and
Recommend:	() Resolution	() Recommend for	mal grievance
Explain:			
Staff Member:	/ Print / Sign		_Date:
Acknowledged by the signa	tures below, this informal cor	nplaint is: Q Resolved	Unresolved
Unit Mgr/Chief of Security/	-		Date:
Staff Witness:	Print / Sign 		Date:
Inmate:	Print / Sign / Print / Sign		Date:

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

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint Inmate must attach this document if the formal grievance is to be submitted.

## **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

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

Warden Dwayne Santistevan LCCF 6900 West Millen Hobbs, New Mexico 88244 Via USPS only

RE: Manuel Guerra (#70647) v. State of New Mexico, New Mexico Corrections Department

(NMCD), Lea County Correctional Facility (LCCF), et al.

Date of Incident: On-going

### Tort Claims Notice and Preservation of Evidence

### Gentlemen\Mesdames:

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

We have been informed by our client that he was diagnosed with Chronic Hepatitis C (HCV) in 2019 and it was recommended that he have full liver testing and diagnostics performed and that he be matriculated in Project ECHO for treatment of his chronic Hepatitis C. Nearly two years

later and as of the date of this notice, neither of these has occurred in spite of the submission of multiple health service requests. Mr. Guerra further reports that he has experienced marked deterioration in his eyesight due to poor management of his Diabetes Mellitus. He also reports having submitted multiple health service requests to address this issue, but again his requests have been ignored.

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

### Preservation of Evidence:

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

- 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. Guerrausing form CD-150501.3 and in accordance with NMCD policy.

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

Sincerely,

COLLINS & COLLINS, P.C.

### /s/Parrish Collins

Parrish Collins PC/gtg

Cc: David Ketai Robert Gentile

## NEW MEXICO CORRECTIONS DEPARTMENT

## **INMATE INFORMAL COMPLAINT**

Inmate Name: Manuel 9	Guerra NMCD#: _	70647		
Facility: <u>Lea County C</u>	Correctional Facility (LCCF)	HU/Cell#	Date of Incident: _January 2	<u> 29, 2021                                   </u>
Guerra reports that he chronic diabetes which	has submitted multiple hear h has resulted in severe det and permanent injury due	alth service erioration i	ing this informal complaint on he requests due to the mismanager in his vision. His requests have be negligence, he is requesting \$20	nent of his een ignored. As
Constituent Signature:	/s/Parrish Collins PARRISH COLLINS	·	Date: February 1, 2021	
Unit Manager/Chief o Date Received:	f Security/Designee			
I,Unit Mana	ger/Chief of Security/Designee	have rev	ewed the above informal complain	t and
Recommend:	() Resolution		() Recommend formal grievance	
Explain:				
Staff Member:	/ Print / Sign		Date:	
Acknowledged by the s	ignatures below, this informal	complaint i	s: Q Resolved   Unr	esolved
Unit Mgr/Chief of Secu	• • — — —		Date:	
Staff Witness:	Print / Sign / /		Date:	
Inmate:	Print / Sign / Print / Sign		Date:	

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

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

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

## NEW MEXICO CORRECTIONS DEPARTMENT

## **INMATE INFORMAL COMPLAINT**

Inmate Name: Manuel C	Guerra NMCD#:	70647
Facility: <u>Lea County C</u>	orrectional Facility (LCCF)	HU/Cell # Date of Incident: <u>January 29, 2021</u>
2019, it was recomment medical staff. In spite been seen by Project E	nded that Mr. Guerra be ser of this recommendation Mr CHO Staff. As a result of t	and am filing this informal complaint on his behalf. It for liver testing and enrollment in Project ECHO by Guerra hasn't received appropriate testing nor has his continuing medical negligence, Mr. Guerra has questing \$20,000,000 in compensation.
Constituent Signature: _	/s/Parrish Collins PARRISH COLLINS	Date: February 1, 2021
Unit Manager/Chief of Date Received:	Security/Designee	
I,Unit Manag	er/Chief of Security/Designee	have reviewed the above informal complaint and
Recommend:	() Resolution	() Recommend formal grievance
Explain:		_
Staff Member:	/ Print / Sign	Date:
Acknowledged by the si	gnatures below, this informal	complaint is: Q Resolved   Unresolved
Unit Mgr/Chief of Secur		Date:
Staff Witness:	Print / Sign / Print / Sign	Date:
	Print / Sign / Print / Sign	Date:
	Print / Sign	

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

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

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

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

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

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

March 18, 2021

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

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

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

Robin Bourne, Warden CNMCF P.O. Box 1328 Los Lunas, NM 87031-1328 Via USPS only

Re: Subject: Adrian Chacon (NMCD 87094)

Date of Incident: March 18, 2021 and on-going

Location: Central New Mexico Correctional Facility (CNMCF)

Violations of Law: Failure to treat infection & Deliberate

Indifference to Health and Safety

### Gentlemen\Mesdames:

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inactions of the Western New Mexico Correctional Facility its employees, staff contractors and other agents in their failure to treat Mr. Adrian Chacon for injuries to his arm and related conditions.

#### Facts

Adrian Chacon has an ongoing infection in his arm that has persisted due to the actions and inactions of both NMCD and Wexford Health Sources. He was taken to UNMH for surgery where the infection was addressed, and his arm was repaired to the degree possible. He reports that he has been placed in segregation in retaliation for seeking legal assistance. He further reports that he has been denied grievance forms and was told that there were no appeal forms. Mr. Chacon has filed numerous grievances for his ongoing arm infection, failure to

March 18, 2021 Adrian Chacon Page 2

protect him from COVID-19 which he suffered along with pneumonia which almost took his life, and he has grieved the fact that his grievances are ignored. These are all matters that are actionable under the Tort Claims Act and we continue to investigate his claims.

Mr. Chacon also reports that he suffers severe mental health issues including Schizophrenia, Bipolar Disorder and PTSD. He states that he has not been allowed access to mental health professionals. He indicates that he has severe episodes where he hallucinates, seeing and talking to people that are not there, and that he has emotional outbursts related to his mental health for which he is punished. Upon requesting mental health assistance, he reported that a correctional officer told him there was nobody available to help him and if he wanted help, he should attempt suicide.

Mr. Chacon also reports that he was allowed to call from room 201 which he described as an isolation room. He further indicated that the door was closed and that it did not appear that anyone was monitoring the call. This is progress over prior issues with the privacy of calls with our clients. However, both Mr. Chacon and I heard repeated clicking on the phone which can be indicative of a call being monitored and/or recorded. Please preserve any recordings of the call between our office and any inmate from room 201 or otherwise for the last 6 months.

If true, the above behavior of NMCD, Wexford and their respective employees, staff and agents constitute deliberate indifference to the medical needs of Mr. Chacon and are clearly violative of Mr. Chacon's constitutional rights under both federal and New Mexico law.

#### Preservation of Evidence:

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

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- 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 C	hacon NMCD#: (NMCD 704	126)	
Facility: <u>CNMCF</u> H	U/Cell # LTCU Date of	Incident: March 18, 2021 and on-going	_
PTSD. He states that severe episodes where outbursts related to h officer to attempt suic Staff, Unit Manager, O	the has not been allowed access the hallucinates, seeing and talking is mental health for which he n	al health issues including schizophrenia, bi-poles to mental health professionals. He indicates to geople that are not there and that he has emounished. He states that he was told by a correcte. He has made requests to Wexford Health Set al Officers working within the LTCU. He is requested to resolve this matter.	hat he tional
Constituent Signature: /	s/Parrish Collins Date:	March 18, 2021	
Unit Manager/Chief of	Security/Designee		
Date Received:			
I,Unit Mana	ger/Chief of Security/Designee har	ve reviewed the above informal complaint and	
Recommend:	() Resolution	() Recommend formal grievance	
Explain:			
Staff Member:	/ Print / Sign	Date:	
Acknowledged by the si	gnatures below, this informal comp	plaint is: Q Resolved   Unresolved	
Unit Mgr/Chief of Secu	rity/Designee:	Date:	
	Print / Sign	Date:	
Inmate:	Print/Sign	Date:	
	Print / Sign		

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

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint Inmate must attach this document if the formal grievance is to be submitted.

#### NEW MEXICO CORRECTIONS DEPARTMENT

#### INMATE INFORMAL COMPLAINT

Inmate Name: Adrian Chacor	NMCD#: <u>(NMCD</u>	70426)	
Facility: CNMCF HU/Cell # LTCU Date of Incident: March 18, 2021 and on-going			
NMCD and Wexford, and to and his arm was repaired to for seeking legal assistance no appeals forms. He has from COVID-19 which he	heir staff. He was take the degree possible. He . He reports that he ha filed numerous grieva suffered along with pro- ignored. He has made e and correctional offi	en to UNMH for surgery whe reports that he has been placed been denied grievance for nees for his ongoing arm it is almost took repeated requests for approfers, as well as, the Unit	he actions and inactions of bothere the infection was addressed aced in segregation in retaliations and was told that there wern infection, failure to protect hire his life, and he has grieved the priate care for his arm infection Manager. Mr. Chacon request
Constituent Signature: /s/Pa	rrish Collins	Date: <u>March 18, 2021</u>	
Unit Manager/Chief of Secu Date Received:	rity/Designee		
I,Unit Manager/Chie	f of Security/Designee	_ have reviewed the above in	formal complaint and
Recommend:	() Resolution	() Recommend for	ormal grievance
Explain:			
Staff Member:	/ Print / Sign		Date:
Acknowledged by the signatu	res below, this informal	complaint is: Q Resolved	Unresolved
Unit Mgr/Chief of Security/D			Date:
Staff Witness:	Print / Sign /		Date:
Inmate:	Print / Sign /		Date:
	Print / Sign		
If this informal complain	it could not be resolved	, the inmate may pursue a fo	ormal 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.

Date/Time 08/20/2020 07:35 OFFENDER PHYSICAL LOCATION HISTORY

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
	05/28/2020 14:16		godfs88	12/16/2019
	12/16/2019 15:50		godfs88	09/10/2019
	09/10/2019 16:48		espig333	09/10/2019
	09/10/2019 04:53		martg670	08/16/2019
		TO CENTRAL NMCF	ulibt919	08/16/2019
	08/16/2019 08:35		lopej671	08/14/2019
	08/14/2019 15:50		wellb015	08/14/2019
	08/14/2019 15:11		marta632	06/13/2019
	06/13/2019 12:19		marta632	06/13/2019
	06/13/2019 10:31		marta632	04/18/2019
	04/18/2019 12:28		marta632	04/18/2019
	04/18/2019 10:11		marts057	04/17/2019
	04/17/2019 09:23		marts057	04/17/2019
	04/17/2019 07:19		marta632	03/13/2019
	03/13/2019 12:15		marta632	03/13/2019
	03/13/2019 12:13		marta632	03/07/2019
	03/07/2019 12:36		espig333	03/07/2019
	03/07/2019 12:30		jaram88	02/08/2019
	02/08/2019 13:16		romej457	02/06/2019
		TO CENTRAL NMCF	godfs88	02/06/2019
		ST VINCENT HOSP SF	•	01/02/2019
	01/02/2019 10:31		marta632	
	10/06/2018 14:25		marta632	10/06/2018
	08/10/2018 12:42		soveo040	08/10/2018
			espig333	08/10/2018
	08/10/2018 04:53		ruizr729	08/06/2018
		TO CENTRAL NMCF	arela956	08/06/2018
	08/06/2018 13:40		lccf0339	02/28/2018
	02/28/2018 21:11		davic738	02/27/2018
	02/27/2018 09:40		davic738	02/15/2018
		TO LEA COUNTY CF	areld891	02/15/2018
	02/15/2018 05:24		padia318	01/19/2018
	01/19/2018 15:28		padia318	01/19/2018
	02/02/2015 09:17		ortij002	11/17/2014
		1ST DIST CRT-SANTA FE	ortij002	11/17/2014
	11/17/2014 07:56		montj857	11/04/2014
	11/04/2014 12:44		ortij002	11/04/2014
	11/04/2014 09:55		grifc430	10/21/2014
	10/21/2014 11:01		grifc430	10/21/2014
	10/21/2014 08:24		padic643	10/21/2014
	10/21/2014 05:10		tafom432	09/25/2014
	09/25/2014 17:42		martp046	09/25/2014
		1ST DIST CRT-SANTA FE	curts341	09/23/2014
	09/23/2014 10:14		tafom432	09/05/2014
	09/05/2014 14:12		eastk735	09/04/2014
		RDC - MENS INTAKE	oterp001	09/04/2014
	09/04/2014 12:02		spenv44	09/04/2014
	05/29/2014 10:23		gccf0314	03/06/2014
	03/06/2014 11:17		gccf0314	03/06/2014
02/27/2014 11:15	03/06/2014 10:44	GU1 B209 B	gccf0314	02/27/2014

Page 1 of 2

PEX 13, p. 1

Date/Time 08/20/20	020 07:35	OFFENDER PHYSICAL LOCATION HISTORY		Page 2 of 2
Start Date/Time	End Date/Time	Location	Entered By	Entry Date
	02/27/2014 11:15		gccf0314	02/27/2014
02/25/2014 17:37	02/27/2014 09:39	GU1 B207 B	gccf0078	02/25/2014
02/25/2014 14:16	02/25/2014 17:37	TO GUADALUPE COUNTY CF	nedf0239	02/25/2014
02/19/2014 17:08	02/25/2014 14:16	NE3 B108 A	nedf0239	02/19/2014
02/19/2014 16:25	02/19/2014 17:08	NE1 E213 B	nedf0239	02/19/2014
02/19/2014 14:20	02/19/2014 16:25	TO NORTHEAST NM DF	sancm745	02/19/2014
02/19/2014 11:22	02/19/2014 14:20	SP3 ABED 316	gonzr770	02/19/2014
10/15/2013 11:14	02/19/2014 11:22	SP2 ABED 220	gonzr770	10/15/2013
03/26/2013 11:34	10/15/2013 11:14	SP2 ABED 219	roses368	03/26/2013
03/05/2013 16:52	03/26/2013 11:34	SP2 ABED 225	river640	03/05/2013
03/05/2013 10:43	03/05/2013 16:52	TO SPRINGER CC	gccf0314	03/05/2013
11/08/2012 09:31	03/05/2013 10:43	GU1 C104 T	gccf0314	11/08/2012
11/01/2012 09:32	11/08/2012 09:31	GU1 E217 B	gccf0314	11/01/2012
10/16/2012 09:12	11/01/2012 09:32	GU1 B214 T	gccf0314	10/16/2012
10/16/2012 05:15	10/16/2012 09:12	TO GUADALUPE COUNTY CF	padic643	10/16/2012
09/25/2012 09:31	10/16/2012 05:15	C2B E116 S	sedij001	09/25/2012
09/20/2012 15:30	09/25/2012 09:31	C2B F105 S	martg670	09/20/2012
09/20/2012 15:26	09/20/2012 15:30	RDC - MENS INTAKE	richs075	09/20/2012
09/20/2012 12:35	09/20/2012 15:26	INT A102 B	ewinr348	09/20/2012
08/06/2009 10:41	12/26/2009 09:44	GU2 B204 B	gccf0314	08/06/2009
07/27/2009 16:35	08/06/2009 10:41	GU2 A108 T	gccf0314	07/27/2009
07/26/2009 09:54	07/27/2009 16:35	1ST DIST CRT-SANTA FE	gccf0317	07/26/2009
04/30/2009 14:36	07/26/2009 09:54	GU2 D202 T	gccf0314	04/30/2009
04/16/2009 15:49	04/30/2009 14:36	GU1 B211 T	gccf0292	04/16/2009
04/16/2009 11:17	04/16/2009 15:49	GUI AR08 A	gccf0314	04/16/2009
04/16/2009 05:21	04/16/2009 11:17	TO GUADALUPE COUNTY CF	camps88	04/16/2009
03/28/2009 21:33	04/16/2009 05:21	C3A B114 S	huerr184	03/28/2009
03/24/2009 14:52	03/28/2009 21:33	C3A B105 S	martp046	03/24/2009
03/24/2009 10:35	03/24/2009 14:52	RDC	richs075	03/24/2009
03/24/2009 09:36	03/24/2009 10:35	INT A101 A	ewinr348	03/24/2009
03/23/2009 18:36	03/24/2009 09:36	C2A B102 S	tesiy96	03/23/2009
01/30/2009 16:14	01/30/2009 16:15	REG I SANTA FE IA	lccf0533	01/30/2009
01/07/2009 20:48	01/30/2009 16:14	HU2 C105 B	lccf0006	01/07/2009
12/29/2008 20:21	01/07/2009 20:48	HU2 C115HB	lccf0006	12/29/2008
12/29/2008 17:44	12/29/2008 20:21	HU2 C206 T	lccf0533	12/29/2008
12/13/2008 21:55	12/29/2008 17:44	HUM MM05 A	lccf0006	12/13/2008
08/15/2008 16:04	12/13/2008 21:55	HU2 C116 T	lccf0198	08/15/2008
07/31/2007 19:58	08/15/2008 16:04	HU2 A210 B	lccf0304	07/31/2007
	07/31/2007 19:58		lccf0198	07/30/2007
		TO LEA COUNTY CF	smitt547	07/30/2007
	07/30/2007 05:31		camps88	06/28/2007
	06/28/2007 19:22		richs075	06/28/2007
	06/28/2007 15:05		hernx943	06/28/2007
		• •		

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

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

January 27, 2021

Chavez, Edward (28154)
The Northeast New Mexico Correctional Facility
185 Dr. Michael Jenkins Road
Clayton, New Mexico 88415

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Chavez,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks, and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal -

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

January 27, 2021

Chavez, Edward The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

Re: Edward Chavez and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Chavez,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

This will confirm our conversations in which you indicated that you wanted to be part of the lawsuit that Collins & Collins, P.C. (hereinafter referred to as "Attorneys"), will be filing against NMCD challenging the constitutionality of the NMCD Grievance System. Pursuant to our usual practice, we write to confirm the terms of our representation.

You have agreed to employ Attorneys for the limited purpose of challenging the constitutionality of the NMCD Grievance Process. Attorneys will not be representing you on any other legal matters absent a separate representation agreement related to those matters.

Our fee for prison cases is customarily (40%) of any settlement, verdict, or other recovery obtained on the above-captioned cause of action. However, we will be filing a Temporary Restraining Order and a Declaratory Action neither of which lead to compensation for the plaintiffs (in this case inmates). The most that can be recovered in these cases are attorney fees and costs.

Collins & Collins, P.C. will cover all costs and attorney fees associated with the lawsuit. You will not be responsible at all for any costs or attorney fees. In the event that attorney fees and costs are recovered, which is not certain, the attorney fees and costs will go strictly to Collins & Collins, P.C. to recover its attorney fees and costs.

To be clear, there is no possibility of any financial recover for you or any other inmate joining in the lawsuit. The goal is to have the Grievance System declared unconstitutional and to seek immediate relief so that the medical needs and medical grievances of inmates are properly addressed to protect the health and safety of inmates such as yourself.

Because there is no possibility of financial recovery, you need to decide whether to be involved in the lawsuit. Your decision should include consideration of possible retaliation by NMCD or its contractors for having joined the suit. As you know, this is a very real possibility. Unfortunately, if this does occur, there is

Edward Chavez January 27, 2021 Page 2

**EDWARD CHAVEZ** 

little that Collins & Collins, P.C. will be able to file in court that would stop the retaliation. So this is a very important decision on your part and you should not take it lightly.

If you do decide to be part of the lawsuit by returning this agreement to Collins & Collins, P.C., there are few other issues we should address as we do with all of our clients.

First, all communications with Attorneys concerning your claims are confidential and are protected from disclosure under special privilege rules. Please be aware that this privilege of confidentiality can be waived if you discuss communications with others. Please do not discuss the details of your case with anyone without first speaking with Attorneys. Specifically, DO NOT DISCUSS ANY CONVERSATIONS BETWEEN YOU AND YOUR ATTORNEY. This will result in a waiver of attorney-client privileges and could have extremely adverse consequences on your case. This means that you need to avoid speaking about your case on the recorded lines at the prison.

By signing below, you agree to fully disclose to Attorneys upon request all significant facts or circumstances of your case including but not limited to medical history, prior legal claims of any kind, criminal history, and physical health and medical conditions or status. Should you fail to fully disclose, lie or otherwise mislead Attorneys regarding any such significant facts or circumstances, Attorneys reserve the right to immediately withdraw from representation and remove you from the lawsuit.

By signing below, and initialing each page, you agree to the above terms and conditions, bind your heirs, executors and legal representatives to the terms and conditions, acknowledge that there are no other agreements between you and Attorneys, and acknowledge having read the above and having received a copy of this letter.

If we do not receive your signed retainer agreement back, we will not include you in the lawsuit. If you do want to be included in the lawsuit, unless you have done so already, please provide a written statement regarding your experience with medical grievances. Specifically, please provide detailed notes and a chronology/timeline of past medical grievances and the response of NMCD or its contractors to those medical grievances. If you have copies of any grievances and responses that you have filed, please forward them to our office. <u>DO NOT SEND YOUR ONLY COPY</u>. We have found that outgoing inmate mail has a tendency to get "lost" and you will be left without copies of important documents.

Thank you and we look forward to hearing from you.

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

Date

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

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

January 27, 2021

Fernando Azofeifa (88200) The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Azofeifa,

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,

Paralegal

Guy Gambill

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

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

January 27, 2021

Fernando Azofeifa The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

Re: Fernando Azofeifa and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Azofeifa,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Fernando Azofeifa January 27, 2021 Page 2

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Thank you and we look forward to hearing from you.

Sincerely,

COLLINS & COLLINS, P.C.	
Parrish Collins	
THE ABOVE IS UNDERSTOOD AND AGRE	EED TO BY ME.
FERNANDO AZOFEIFA	Date

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

January 27, 2021

James Perez (33856) Southern New Mexico Correctional Facility P.O. Box 639 Las Cruces, New Mexico 88004-0639

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Perez,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

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Sincerely,

Guy Gambill

Paralegal

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

January 27, 2021

James Perez Southern New Mexico Correctional Facility P.O. Box 639 Las Cruces, New Mexico 88004-0639

Re: James Perez and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Perez,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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James Perez January 27, 2021 Page

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Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

JAMES PEREZ

Date

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

Telephone: (505) 242-5958 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

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

January 27, 2021

Joseph Torrez
The Northeast New Mexico Correctional Facility
185 Dr. Michael Jenkins Road
Clayton, New Mexico 88415

Re: Joseph Torrez and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Torrez,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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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

Joseph Torrez 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.

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Thank you and we look forward to hearing from you.

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

JOSEPH TORREZ

Date

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

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

January 27, 2021

Justin Casey (87878)
Southern New Mexico Correctional Facility
P.O. Box 639
Las Cruces, New Mexico 88004-0639

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Casey,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks, and we look forward to working with you!

Sincerely.

Guy Gambill

Paralegal

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

January 27, 2021

Justin Casey
Southern New Mexico Correctional Facility
P.O. Box 639
Las Cruces, New Mexico 88004-0639

Re: Justin Casey and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Casey.

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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.

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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.

FUSTIN CASEY

Date

Thank you and we look forward to hearing from you.

Attorneys at Law P. O. Box 506

Albuquerque, NM 87103 Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Leisha Henderson (33856) Springer Correctional Center P.O. Box 10 Springer, New Mexico 87747

RE: Constitutionality of NMCD Grievance Process

Dear Ms. Henderson,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks, and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal

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

January 27, 2021

Leisha Henderson Springer Correctional Center P.O. Box 10 Springer, New Mexico 87747

Re: Leisha Henderson and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Ms. Henderson,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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.

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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.

Leisha Henderson January 27, 2021 Page 2

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Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

LEISHA HENDERSON

Date

Thank you and we look forward to hearing from you.

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

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 ?

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.

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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To be clear, there is no possibility of any financial recover for you or any other immate 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 immates are properly addressed to protect the health and safety of immates 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

Dominick Mora-Solis February 2, 2021 Page 2

important decision on your part and you should not take it lightly.

Thank you and we look forward to hearing from you.

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Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

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DOMINICK MORA-SOLIS

Date

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

February 2, 2021

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

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Wilson,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns. Thank you.

Sincerely,

Guy Gambill

Paralegal

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

February 2, 2021

Gerald Wilson CoreCivic P.O. Box 800 Grants, New Mexico 87020

Re: Gerald Wilson and Other NMCD Inmates v. NMCD
Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Wilson,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Gerald Wilson February 2, 2021 Page 2

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	ТО ВҮ МЕ.	
GERALD WILSON	Date	

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

February 3, 2021

Vincent Martin (NMCD 51063) LCCF-The GEO Group, Inc 6900 West Millen Hobbs, New Mexico 88244

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Martin,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns. Thank you.

Sincerely,

Guy Gambill

Paralegal

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

February 2, 2021

Vincent Martin LCCF-The GEO Group, Inc 6900 West Millen Hobbs, New Mexico 88244

Re: Vincent Martin and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Martin,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Vincent Martin February 3, 2021 Page 2

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Sincerely,	
COLLINS & COLLINS, P.C.	
Parrish Collins	
THE ABOVE IS UNDERSTOOD AND AGREED	Э ТО ВҮ МЕ.
VINCENT MARTIN	Date

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

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

March 15, 2021

Narendra Chand (NMCD 61877) The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Chand,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal

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

March 15, 2021

Narendra Chand The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

Re: Narendra Chand and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Chand,

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

Narendra Chand March 15, 2021 Page 2

important decision on your part and you should not take it lightly.

Thank you and we look forward to hearing from you.

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.

•	•		
Sincerely,			
COLLINS & COLLINS, P.C.			
Parrish Collins			
THE ABOVE IS UNDERSTOOD AND	AGREED TO BY I	ME.	
NARENDRA CHAND		Date	

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

April 8, 2021

Gabriel Miera (NMCD# 66837) CNMCF P.O. Drawer 1328 Los Lunas, New Mexico 87031-1328

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Miera,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks, and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal

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

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.

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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Gabriel Miera April 8, 2021 Page 2

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Thank you and we look forward to hearing from you.

Sincerely,

COLLINS & COLLINS, P.C.

Gabriel Miera April 8, 2021 Page 3	
1 age J	
Parrish Collins	
THE ABOVE IS UNDERSTOOD AND	AGREED TO BY ME.
GABRIEL MIERA	Date