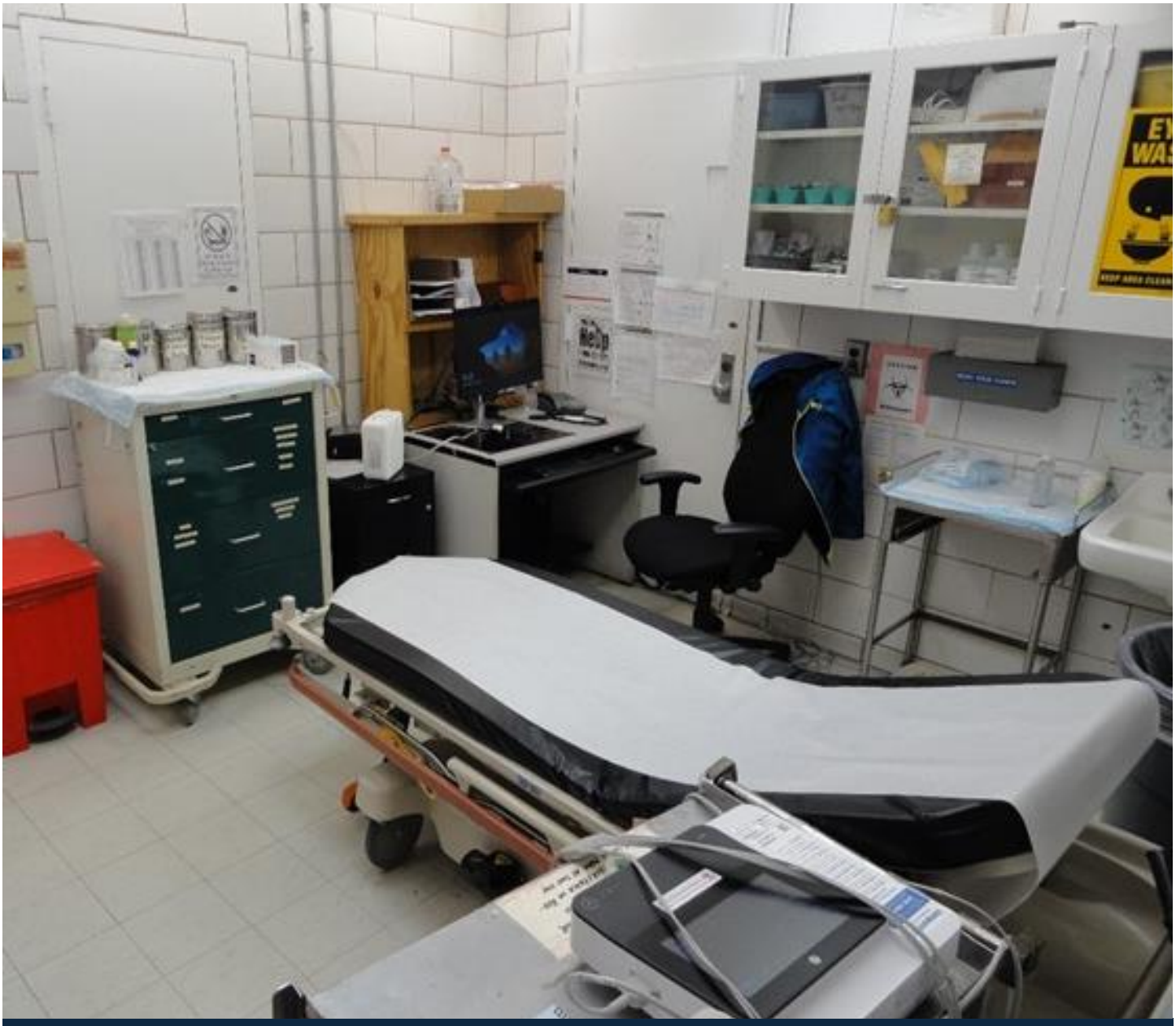


Inspection Report

Bayside State Prison, Medical Clinic

Office of the Corrections Ombudsperson

August 2026

Author and Acknowledgements

This report was written by Oludamilola Ogunnubi DNP RN with contributions from Danielle Romano, Rachel Fromhold, and Kristin King. It was edited by Corrections Ombudsperson Terry Schuster. Thank you to the Department of Corrections Health Compliance Unit and Rutgers University Correctional Health care for their review and feedback.

Executive Summary

The January 21, 2026 inspection of Bayside State Prison medical clinic shows adherence to most standards and protocols inspected. The Office returned for an unannounced re-inspection on May 14, 2026. Recommendations include strengthening documentation practices, improving the direct observation of patients receiving medications ordered to be administered, and additional monitoring of adherence to departmental policies and best practices.

Background

The New Jersey Office of the Corrections Ombudsperson (the Office) conducted an announced inspection of the prison medical clinic at Bayside State Prison (BSP) on January 21, 2026, with a follow up visit on May 14, 2026. The inspection focused on medical and dental clinics serving incarcerated people housed in both the main BSP medium-security prison and the BSP minimum-security unit.

The report contains a narrative section (pp. 1-8) summarizing observations in clinic facilities and equipment, with emphasis on first aid resources, emergency response resources, incarcerated person food handler medical clearance documentation, medication administration procedures, medical record management, and dental services. Following the narrative section is the inspection tool itself (pp. 9-18) with findings tied to each standard that was inspected.

Bayside State Prison is located in Leesburg, New Jersey. The prison facility which opened in 1971, housed approximately 1,270 individuals on the day of the inspection, and has a total capacity of 1,377. It is primarily composed of double-cell housing with dorm housing in the minimum unit. While the prison does not have an onsite infirmary, it does operate medical and dental clinics in both the main compound and minimum-security unit.

Observations and Recommendations

General clinic facilities

The Office's inspectors visited both the BSP main campus clinic and the minimum unit clinic areas and found that both BSP medical clinics are equipped to support standard patient assessments and treatments. Sufficient space was available to conduct private medical examinations, and a waiting area was available for individuals awaiting care at the main clinic. The clinic equipment observed appeared to be in good working order, and supplies and storage areas were generally organized. Multipurpose use of some storage spaces was noted with opportunities to further limit congestion, especially in areas used to store emergency response equipment. Patient education materials were visibly posted in patient care areas, with various copies of education material available on a stand in the waiting area. In addition, there was a process in place to assist incarcerated persons with limited English proficiency and staff demonstrated competency accessing the language line for live interpretation.

Bayside State Prison, provider station, patient exam room, and clinic waiting area for patients. Photos by Office of the Corrections Ombudsperson, May 14, 2026.

Monthly first aid kit inspection

The facility maintains well-stocked first aid kits available in designated areas in accordance with state regulation and policy.[1] During the inspection, the Department reported that first aid kits in prison facilities were recently standardized and replaced on all housing units. The Office broke the plastic seal to inspect two random kits and found each was properly organized and stocked well beyond minimal requirements. Kit contents were unexpired and stored safely in accordance with policy. On the housing unit inspected (A-unit) Band-Aids were observed stored separately from the first aid kits so that the first aid kit seal is not broken every time a Band-Aid is needed.

[1] NJAC §10A:16-2.14 A & B; NJDOC HCU IMP MED.EME.002.

Required first aid kit inspections have been conducted monthly since January, and are monitored by site leadership. It does not appear that the first aid kit inspections were conducted before January, in the months leading up to the inspection.

Bayside State Prison, first aid kit. Photo by Office of the Corrections Ombudsperson, Jan. 21, 2026.

Medical examinations for food handlers

Bayside maintained the required medical clearance records for incarcerated food workers. A sample of medical records showed that initial medical clearances, patient education, and TB screenings for newly approved food service workers were consistently completed.[2]

Inspectors observed that a "kitchen equipment training checklist" maintained by civilian institutional trade instructors tracks each food worker's competency using the oven, grill, mixer, slicer, dishwasher, and refrigerator/freezer. The food service supervisor also described a visual inspection of each worker for proper hygiene.

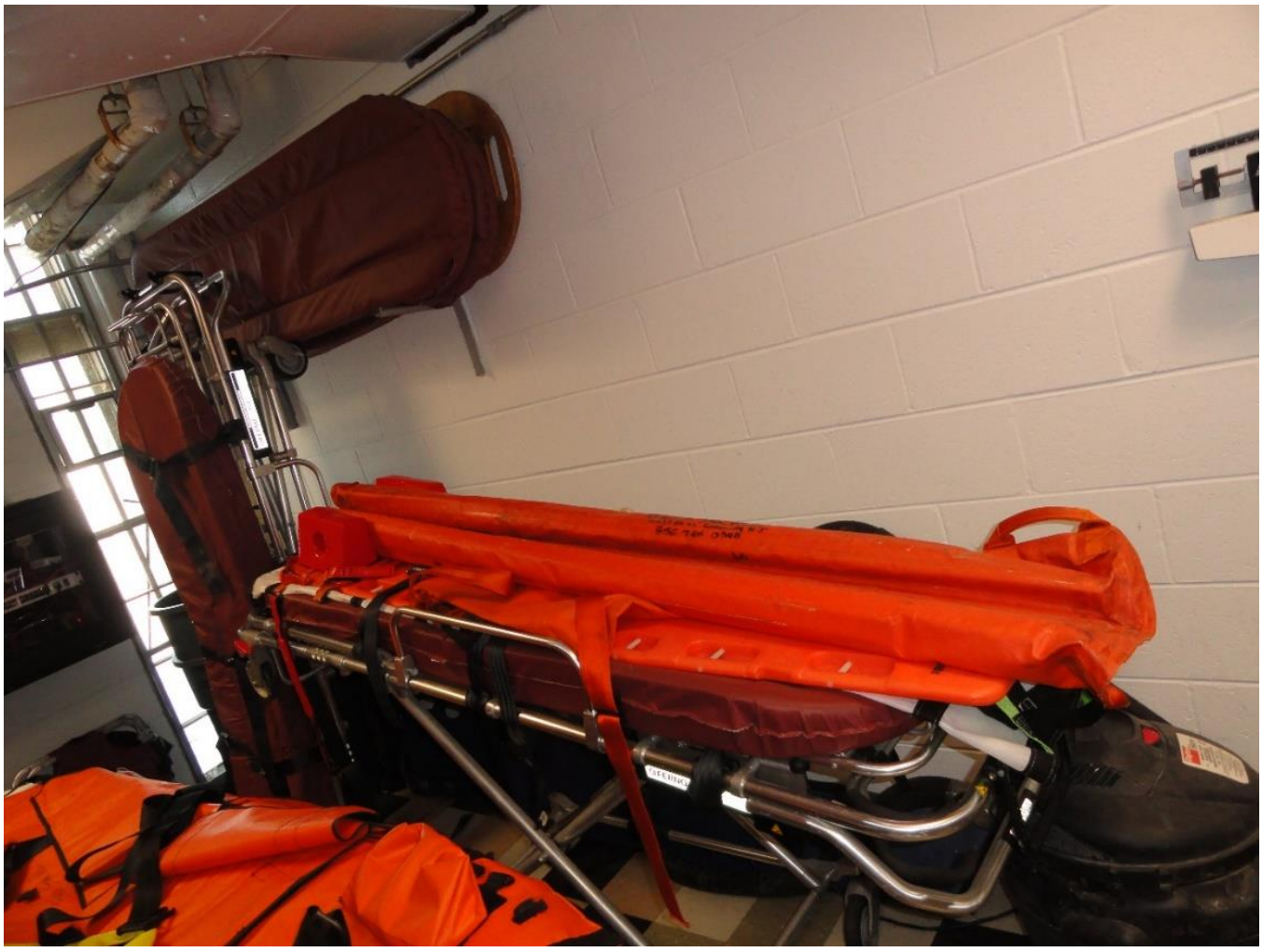
Emergency medical services

The facility maintains adequate emergency response resources. Emergency response equipment, including personal protective equipment (PPE), Automated External Defibrillators (AEDs), and oxygen units with related accessories, were available and functional. The facility maintains a total of six AED units, and medical emergency bags supporting appropriate readiness for medical emergencies.[3] There are established procedures for 24/7 emergency medical responses to incarcerated people at both the main campus and the minimum security unit. The Department has developed emergency equipment checklists to address various requirements. The Department should consider streamlining these forms to eliminate redundancy and simplify staff workload. The

[2] *See* NJAC §l0A:16-2.12; NJDOC HCU IMP MED.ICP.019; NCCHC P-B-04 ("Incarcerated workers are to receive an initial medical screening for contraindications to the job they may be assigned to. The content of the screening should be based on the assigned job's risk factors and the patient's specific health condition.").

[3] NCCHC P-E-08; NJDOC HCU IMP MED.EME.001: Emergency Bag means a portable container which holds a limited supply of emergency equipment and supplies which will be maintained in a secure area of the Medical Department and checked by designated nursing staff each shift.

health care provider also reported utilizing an online portal to track and maintain professional licensures and certifications for health care staff, including for CPR and Basic Life Support (BLS).



Bayside State Prison, stretcher in clinic storage. Photo by Office of the Corrections Ombudsperson, Jan. 21, 2026.

Medical records

The medical records section of the clinic appeared neat, organized, and consistent with required documentation standards. Randomly selected paper charts were properly filed and clearly labeled. The facility uses an electronic medical record (EMR) system, which provides immediate access to current problem lists supporting continuity of care.

Medication distribution and administration

The medication areas were neat and well organized. Medication carts contained current, unexpired medications, with no evidence of pre-poured doses. Refrigerator temperatures were generally checked and documented during each shift, though a few gaps were noted in the temperature logs for units storing insulin and injectable medication. Sample medications reviewed in the refrigerator were properly stored and unexpired. The facility utilizes an electronic Medication Administration Record (eMAR) system.

Bayside State Prison, pill call window for medication administration. Photo by Office of the Corrections Ombudsperson, May 14, 2026.

Direct observation of medication therapy

Inspectors observed mid-day oral medication distribution at the BSP main campus. It started on time and met most standards, but there were opportunities to improve patient safety. First, patient identification occurred only through presentation and inspection of identification cards. Staff consistently did not verbally verify patient identity by asking for a name or other identifier, which is standard practice with identification protocols (except when the patient is unable to verbally identify themselves in which case other methods will be utilized). The Office encourages the Department to reach out to the National Commission for Correctional Health Care (NCCHC) for guidance on this point. While identification cards may contain several pieces of information, the Office reads the NCCHC standard to require two identifiers to verify the correct patient, and it lists the identification card as one of the acceptable identifiers.[4] Other acceptable identifiers listed in the standard are the patient's name, prison identification number, and date of birth.

[4] NCCHC P-C-05 "Acceptable patient identifiers include but are not limited to patients' full name, identification number assigned by the facility, date of birth, and photo identification. Identifiers must be confirmed by the patient wrist band or identification card issued by the facility…"

Custody staff were present to monitor the medication line and limit diversion. At times, multiple patients were present at the water cooler area, their backs were turned to officers monitoring medication pass, and additional foot traffic between the officers and the people taking medications created blind spots. The Office recommends a review of medication pass areas and workflows to reduce or eliminate blind spots that may limit custody staff oversight.

Medication Administration Record

Main facility: The facility employs an electronic system for the documentation of medication administration. It is important to note that medication adherence is significantly influenced by the incarcerated individual's presentation to the pill line at designated times. On initial inspection, a review of the medication administration report for the preceding three days identified a handful of overdue medication doses at the main facility.[5] During the re-inspection visit, a review of three preceding days reflected multiple prescribed medication doses appearing in "pending" status.[6] Upon follow up, the Department reported that these medications were either refused, or the patients were not compliant with their ordered regimen.

The Office recommends the timely documentation of no-shows, missed or refused doses, and the implementation of cross checks to verify documentation is complete before shift changes. It is also essential to examine the factors that drive medication non-adherence and no-shows to the medication line. Notably, the Department has launched a statewide quality improvement initiative to understand and reduce the number of no-shows.

Minimum security unit: During the initial inspection of the minimum security unit, inspectors found that internet delays limited consistent real-time documentation of medication administered, presenting the appearance that a large number of medications were overdue.[7] Staff reported that temporary paper documentation was used to re-input the information into the eMAR at a later time. The Office recommended a review of the processes at the minimum security unit to support efficient medication administration.

By re-inspection, the Office found the internet connectivity issues had been promptly corrected with no need to duplicate documentation of medication administration. In addition, there were no pending, missing, or overdue medications noted at the minimum security unit.

Controlled substance and sharps verification logs

Inventory controls for items vulnerable to abuse such as narcotics and sharps must be jointly verified and signed by incoming and outgoing medical and custody staff at each shift change. Although these procedures are generally followed, inspectors noted instances of missing or incomplete signatures in controlled drug and sharps verification logs. Following the inspection, improved oversight and periodic spot checks to verify ongoing adherence to documentation requirements were recommended. The Office noted significant improvements in both medical and custody signatures on shift-to-shift verification logs during a second visit to the facility in May 2026. A dedicated infection control nurse now supervises these safety measures.

[5] On January 21, 2026, the Offices' inspectors reviewed medication report for medication prescribed to be administered between January 18 to 20, 2026. Inspectors noted medication such as insulin, antidepressant, and antipsychotic medication in "pending" status.

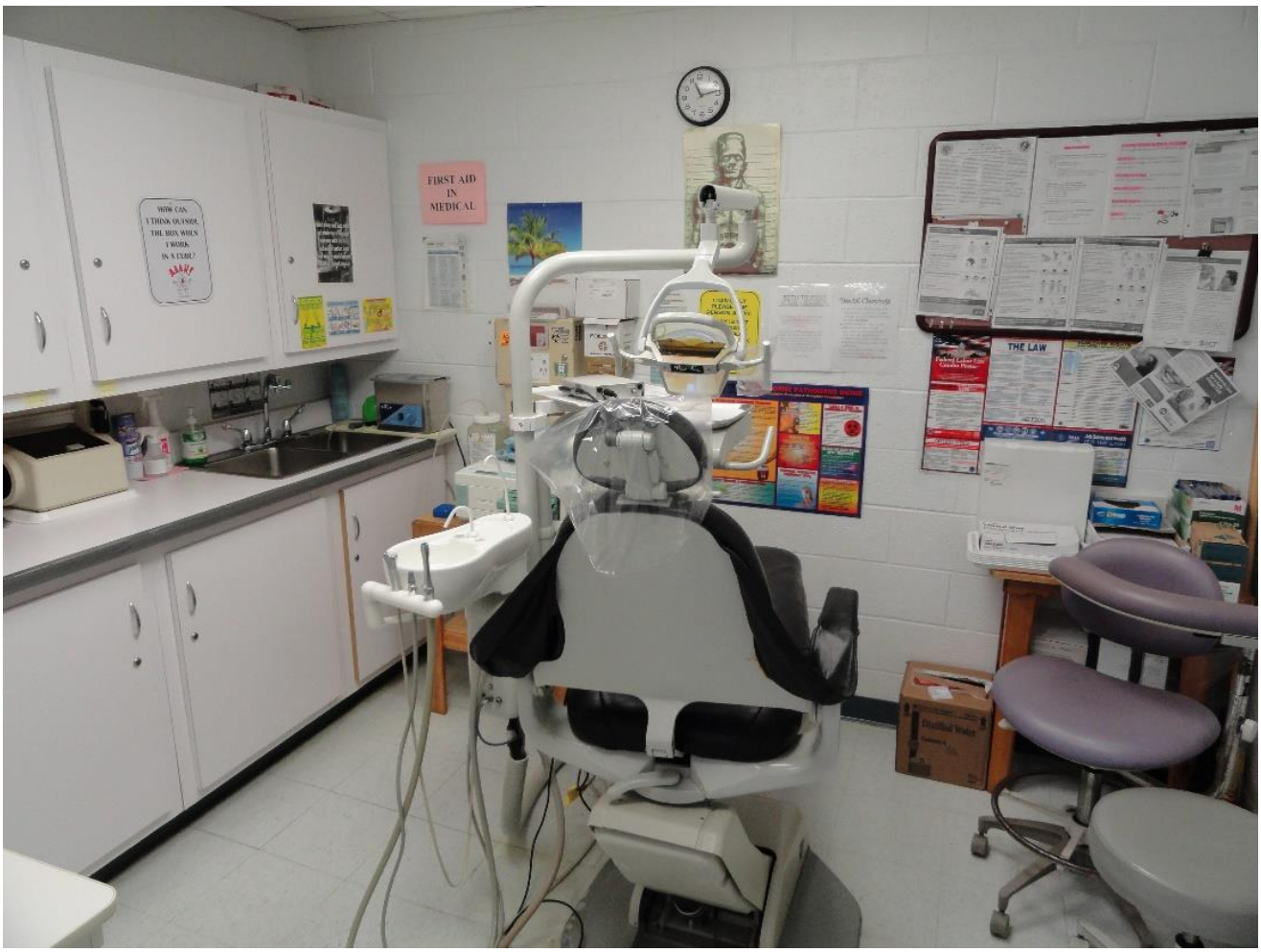
[6] On May 14th, 2026, the Offices' inspectors reviewed medication report for medication prescribed to be administered between May 11 to May 13, 2026. Inspectors noted medication such as insulin, antihypertensive, antibiotic, antidepressant, and antipsychotic medication appearing in "pending" status.

[7] One hundred and twenty-five medications scheduled for 6:30am administration appeared overdue during inspection after noon.

In addition, the Office recommends the implementation of a master signature sheet for all medical staff responsible for completing controlled-substance and sharps verification counts, because doing so can strengthen accountability. The master sheet which should include the printed name, signature, and initials of each authorized staff member, will support supervisory validation of the initials and signatures recorded in verification logs, and support compliance monitoring.

Dental Services

Bayside State Prison dental services include clinics at both the main facility and the minimum-security unit. The review of logs and checklists maintained at the dental clinic reflected complete and up-to-date record keeping by both dental and custody staff. Inspectors verified that cabinets storing all dental instruments and sharps were double-locked with keys secured and controlled by authorized dental staff. The clinic appeared equipped with basic dental equipment for on-site dental examination. Staff reported patient dental chairs were recently upholstered, with other dental clinic furniture, floors, equipment and furnishings appearing operational. Infection control practices in the dental clinics—such as instrument sterilization, surface disinfection, and availability of personal protective equipment—were examined and found to be in alignment with current protocols.



Bayside State Prison minimum security unit dental clinic. Photo by Office of the Corrections Ombudsperson, May 14, 2026.

Infection prevention and control

The inspection took place at a time intended to be minimally disruptive to patient care, so inspectors had limited opportunities to directly observe hand hygiene practices. Proper hand hygiene was observed during blood glucose monitoring activities. While supervisory staff reported that hand hygiene is routinely encouraged, and visual reminders were posted, no hand hygiene monitoring program was reported. The Office encourages Rutgers UCHC to continue expanding staff and patient awareness of hand hygiene practices and implement a hand hygiene monitoring program, as this is a cornerstone of infection prevention.

The facility maintains a binder containing policies and procedures for infection prevention and surveillance. Inspectors observed that used sharps and similar items were secured in puncture resistant containers at the point of use, and that biohazardous waste bins in patient care areas were appropriately lined with red plastic bags. However, in the designated biohazardous waste storage area, inspectors observed regulated medical waste awaiting removal stored in open, red-bag-lined boxes placed directly on the floor. This practice does not align with departmental policy to reduce risk of exposure to communicable diseases and other pathogens, which requires regulated medical waste to be stored in red plastic bags placed inside rigid, sealed, and labeled vendor approved containers that must not be stored directly on the floor.

Office of the Corrections Ombudsperson

Inspection Tool for Health Services

New Jersey State Correctional Facilities

Purpose

Pursuant to New Jersey state law, the Corrections Ombudsperson Office is tasked with monitoring compliance with applicable federal, State, county, and municipal laws, rules, regulations, and policies related to the health, safety, welfare, and rehabilitation of incarcerated people housed in New Jersey prisons.[8] The Ombudsperson office is directed to conduct regular inspections of state correctional facilities and may inspect, examine, or assess all aspects of a facility's operations and conditions to include medical and mental-health care.[9]

Inspection Standards

Healthcare inspections are guided by:

- New Jersey Administrative Code (NJAC)[10]
- National Commission on Correctional Health Care (NCCHC) standards[11]
- American Correctional Association (ACA) Performance-Based Standards[12]
- DOC Health Compliance Unit internal procedures and protocols
- Current evidence-based healthcare practices

[8] NJSA §52:27EE-28.
[9] NJSA §52:27EE-28.2(9a-j).
[10] NJ Admin Code §10A:16-2.
[11] National Commission on Correctional Health Care (2018), *Standards for Health Services in Prisons*.
[12] American Correctional Association (2021), *Performance-Based Standards, Expected Practices, Adult Correctional Institutions Fifth Edition*.

Inspection Process Overview

1. Pre-Inspection/Entry: Corrections Ombudsperson staff will coordinate with NJDOC and Rutgers-UCHC leadership for scheduled inspections. On the day of inspection, OCO staff will meet with designated facility/healthcare staff for a brief tour and overview of the inspection area and to identify any recent changes in healthcare delivery or the area being inspected.

2. Inspection Activities

- **Documentation Review:** A review will be conducted of records including, but not limited to, medical records, policies, procedures, logs, and other relevant documents related to healthcare delivery (e.g., medication administration).
- **Communication:** Custody and healthcare staff may be asked to clarify observations specific to their roles, procedures, and observed practices. A sample of incarcerated persons (patients) housed in the area under inspection may also be interviewed to provide feedback on access to care, timeliness, and the quality of services received.
- **Direct Observation**: Includes clinic operations, medication administration lines, housing unit interactions, cleanliness, privacy protections, and infection control practices.

3. Verification & Documentation

- **Document Requests:** The OCO will request documents relevant to inspection standards. Observations will be cross-referenced with applicable regulations, facility policies, and procedures.
- **Assessment:** The review will identify both bright spots (areas of exemplary practice) and opportunities for improvement.
- **Photographs:** Where appropriate, OCO may take HIPAA-compliant photographs to support findings and documentation.

4. Post-Inspection

- Immediate concerns and preliminary observations will be shared with designated staff and leadership.
- Staff will be given the opportunity to provide feedback and clarify any observations prior to final documentation. Additional documentation may be requested based on OCO on-site observations.
- A formal inspection report will be developed, which may include recommendations, identified areas of opportunity, and follow-up requests for additional information.

5. Follow-up inspections may be scheduled or unannounced. The Office shall ensure that unannounced inspections are carried out in a reasonable manner.[13]

[13] *See* NJSA §52:27EE-28.2 (9e).

I. Medical Facilities and Equipment[14]

	Criteria	Observation/Comments
1.	Medical Unit is equipped and maintained to allow adequate and private examination of patients.	Medical unit area allowed for private patient examinations and was appropriately equipped.
2.	Appropriate space is provided for IPs awaiting healthcare services.	Adequate waiting area was available.
3.	a. Healthcare equipment is maintained in good working order, and checked weekly. b. Healthcare supply is maintained at established inventory levels and checked weekly. c. Observe medical supply closet/storage area: i. Items are unexpired - check expiration date of two random items. ii. Medical supply area is neat/organized.	a. Clinic equipment appeared to be in good working order. b. No documentation was available to verify weekly equipment and supply checks. c(i). Items checked were unexpired. c(ii). Medical supply storage appeared fairly organized. Limited space and some clutter was noted in supply storage and emergency equipment storage area.
4.	Inventory control for items of potential abuse is managed and signed at the termination of each shift by the incoming and off-going responsible staff member. Review controlled drug count and sharps count verification by medical and custody staff. Verify logbooks have durable binding to protect from easy wear/tear.	Inspectors observed missing and incomplete signatures in both the medical and custody sections of the verification logs, indicating opportunities to improve shift-to-shift accountability of items at risk for abuse and diversion. Notable improvements were observed at re-inspection. Logbooks had wear and tear consistent with regular use.
5.	Minimal medical equipment, supplies and materials for examination and treatment of patients are available. Note only what is NOT observed/unavailable in comments. Hand-washing facilities or appropriate alternate means of hand sanitization; examination tables; a light capable of providing direct illumination; scale; thermometers; blood pressure monitoring equipment; stethoscope; ophthalmoscope; otoscope; transportation equipment (wheelchair, stretcher, etc.); trash containers for biohazardous materials and sharps; and (if applicable) equipment and supplies for pelvic examinations if female patients are housed in the facility.	The clinics were equipped with adequate medical equipment for the assessment and treatment of patients.

[14] NJAC §10A:16-2.13; ACA 4-4196; NCCHC D-03; NJDOC HCU IMP MED.AGP.012.

II. First Aid Kits, Disaster Boxes, and Equipment[15]

	Criteria	Observation/Comments
1.	Review inspection log to verify first aid kits are inspected monthly.	Gaps were noted with monthly inspection of first aid kits, however all kits were recently standardized and replaced, and are now regularly inspected.
2.	Number of first aid kits at the facility.	The facility reported 31 first aid kits were available in designated areas.
3.	Inspect at least one first aid kit to confirm proper inventory (per policy); safely stored and unexpired. (2) Pair disposable gloves, (2) rolls adhesive tape, (2) roller gauze, (6) sponges, triangular dressing, and (1) micro shield XL CPR mask.	Inspectors assessed the contents of two random first aid kits and found them stocked well beyond required items. All items were current and unexpired.

III. Food Handlers and Special Activity Medical Examinations[16]

A review of the food worker medical clearance logbook, and at least two random incarcerated persons (patients) currently assigned to food service duties.

	Criteria	Observation/Comments
1.	A food worker medical clearance list, or logbook is being maintained by the Food Services Department.	A logbook was being maintained per policy.
2.	Logbook indicates name, date of medical examination, approval/disapproval reason and date of re-examination.	Logbook review reflected adherence to policy requirements.
3.	Food Service Worker medical record review – a. Pre-employment Medical Clearance: Documentation confirms a focused medical examination, including medical history and current TB screening, was completed prior to the start of food service duties. b. Annual Medical Examination: If applicable, records verify that the IP's annual medical examination is current and up to date. c. Health Education: If applicable, documentation reflects that a qualified healthcare provider has provided periodic training to food service workers on the transmission of communicable diseases and food safety practices.	a. Food service clearances, job-focused physical assessments, and TB screening were documented in all three patient records reviewed. b. Patients were cleared less than one year ago, hence, this criteria was not applicable. c. Health education documentation was present in medical record. Furthermore, a "kitchen equipment training checklist" was being maintained by the civilian institutional trade instructors. This checklist was used to document each food worker training.

IV. Emergency Medical Treatment[17]

[15] NJAC §10A:16-2.14; ACA 4-4390; NJDOC HCU IMP MED.EME.002.
[16] NJAC §10A:16-2.12; NJDOC HCU IMP MED.ICP.019; NCCHC B-04.
[17] NJAC §10A:16-2.10.

Emergency medical care shall be available 24 hours per day, seven days per week. Verification by at least two healthcare staff confirms that personnel likely to be involved in a medical emergency are trained in First Aid, CPR, and/or Basic Life Support (BLS) and are capable of rendering care under emergency conditions. Type/Provider of emergency medical response training and frequency:

The department reported all medical staff emergency response and related training records are maintained at the Department's central office.

V. Medical Records[18]

OCO staff will visit the medical records room.

a. Medical Records Office/Room appears neat and organized.
b. Select and review any two random charts and verify (as applicable) the chart components are filed accurately. Preferably one paper chart and one electronic chart.[19]
    i. Master Problem List and Alerts.
    ii. Psychological Special Needs Treatment Plan.
    iii. Health Services Request Forms (MR-007s).
    iv. Laboratory, x-ray and diagnostic studies.
    v. Consent Forms for medical, dental, or surgical treatment (and Refusal forms if applicable).
    vi. Discharge summary of hospitalizations.
    vii. Medication Administration Records.
    viii. Consultations, and off-site referrals for treatment.
    ix. Each of these components is recorded in the right section as labeled.
    x. As applicable, each handwritten entry in the medical reference file (MRF) is written in black ink or typed, signed or initialed, and clearly dated by the appropriate health care provider staff member.

Observations

a. Medical Records section appeared neat and organized.

b. Randomly selected charts were reviewed. Chart components were found to be properly filed and clearly labeled. One paper chart did not contain a Master Problem List/alert however, the facility predominantly uses an electronic medical record (EMR) system, through which the most current master problem list can be retrieved.

[18] NJAC §10A:16-2.18; NJDOC HCU IMP MED.HCR.001.

[19] A complete medical record shall be maintained for each incarcerated person to accurately document all health care services provided throughout the person's period of incarceration. The medical record shall consist of an Electronic Medical Record (EMR) and a Medical Reference File (MRF). The EMR and/or MRF shall contain the items listed in this section.

VI. Medication Distribution

A. Medication Administration[20]

Inspectors shall observe the medication area, carts and medication administration records.

	Criteria	Observation/Comments
1.	Medication station and carts appear neat and organized.	Medication stations, and carts were neat and organized.
2.	No PHI or confidential information observed in trash. Empty medication cards are disposed appropriately.	No confidential information observed in trash.
3.	No evidence of pre-poured meds. Ask staff to open medication carts/drawers to verify.	No evidence of pre-poured meds identified.
4.	No expired meds found on med-cart. Check at least two medications.	Medication carts contents observed were current and unexpired.
5.	Refrigerator temperatures are checked and documented. Confirm via temperature logbook.	Mostly checked and documented, however, few gaps were noted in fridge logs used to store insulin medication.
6.	Check date of at least two medications kept in the fridge. All medications checked are labeled, and unexpired.	Medications checked were labeled and unexpired.
7.	MAR/eMAR review with medical staff: a. Check five random patient Medication Administration Records (MAR) for completeness. b. Procedures are in place for reporting medication errors, adverse drug events, or near misses. c. Policies are in place for handling controlled substances, high-risk medications, and look-alike/sound-alike medications.	a. MAR review of at least five patients who received medication earlier on inspection day were found to be complete and consistent with documentation protocols. b. Staff indicated they use an online system to report errors and incidents. In addition, staff reported they have been trained to escalate urgent concerns through the chain of command. c. The department reports medication technicians receive training on medication safety.
8.	Review MAR/eMAR report for past 3 days to review missed/no-show/refused doses.	A review of MARs covering the preceding three days of inspection indicated multiple medication doses which were in “pending” status.[21] These medications were not signed as administered, missed, or refused.

[20] NCCHC P-D-01, 02, and 03; ACA 4-4378.

[21] Electronic administration record report between January 18th to 20th 2026; May 11th to May 13th, 2026 was reviewed.

B. Medication Administration on the Housing Unit/Direct Observation Therapy

Inspectors shall observe the medication distribution process and review a sample patient medical record.

	Criteria	Observation/Comments
1.	Medication arrived on the unit/pill line in time for scheduled distribution.	Mid-day medication distribution took place as scheduled.
2.	Staff verified the identity of the patient using at least two identification (ID) methods.	Insulin medication nurse requested a verbal confirmation of patient name along with a review of the patient ID card, whereas the oral medication nurses only requested to view patient ID cards with no verbal verification.
3.	Medication does not appear pre-poured.	There was no evidence of pre-poured medications observed during the inspection.
4.	Staff verified the Five Rights of medication (Right patient—two identifiers, Right medication, Right dose, Right route, right time).[22]	Medication nurses appeared to verify the medication name, dose, route, and time except for their failure to use two identifiers.
5.	Staff observed the patient taking medication – This promotes safety and limits the risk for diversion.	Custody staff was present, however multiple blind spots created by patients limited staff ability to observe medication line effectively.
6.	Patients were provided appropriate liquid to ingest their medication(s) as prescribed.	Patients were provided paper cups to self-serve water from a nearby cooler.
7.	The medication nurse signed off each medication in the medication administration record (MAR) as the medication was being administered or marked it to indicate no-shows and refusals.	Inspectors observed nurses immediately signed for medication administered to patients.
8.	Electronic Medical Record / eMAR downtime procedures are in place. Downtime forms / documents are current and readily available. Downtime procedures are established to ensure continuity of care and accurate documentation during periods when the electronic medical record (EMR/eMAR) system is unavailable.	Processes are in place for addressing system downtime or technical issues. Downtime forms were current, and readily accessible to staff. Medication Technicians were assigned to complete the downtime contingency process.
Notes: Patient identification requires two distinct identifiers; an ID card alone is insufficient. Patients appeared to consume medication with their backs to staff and subsequently turned to demonstrate an empty oral cavity and raise their hands. At times, multiple patients were present at the water cooler area obtaining water to ingest medication, with additional foot traffic created by patients approaching the medication window. Medical Staffing: Two medication nurses, two registered nurses, and one supervisory nursing staff were noted on site during the inspection.		

[22] The Five Rights of medication are a core expectation for safe medication practices that ensure accurate and safe medication administration through verifying the correct patient, medication, dose, route, and timing. Best practice is using at least two independent patient identifiers (such as name and date of birth) and patient's ID prior to medication administration.

VII. Dental Services[23]

	Criteria	Observation/Comments
1.	Dental clinic logs, inventories and counts are completed and verified by both medical and custody daily. Review DOC Dental Needle & Blade Count Forms, Perpetual Instrument Count, Controlled Dental Instrument Inventory Form, and Non-controlled Stock Medications Inventory and Usage Form.	Logs and inventories were completed and up-to-date. Count verification logs were signed by both dental and custody staff.
2.	All dental instruments and sharps will be stored in locked cabinets with the keys secure and controlled by the dental staff or designee.	Cabinets were double locked with keys secured by dental staff.
3.	Basic dental equipment required for on-site dental examinations are available. Please note: Hand-washing facilities or other appropriate means of hand sanitization; a dental examination chair; an examination light; a sterilizer; dental instruments; dentists' stool; trash containers for biohazardous materials and sharps; and the presence of a dental operatory requires the addition of at least: an x-ray unit with developing capability, blood pressure monitoring equipment, and oxygen.	Basic dental equipment required for the on-site examination and treatment of patients was available in the dental clinic. Inspectors observed dental examination chairs were recently upholstered. New dental chair stools for staff were noted.
4.	Dental services infection control - a. Personal protective equipment (PPE) is available. b. Chairs, cabinets and floors are in good working order. c. There are designated "dirty and clean" areas of the dental sterilization location and these areas are separated. d. There is a process such as autoclave steam sterilization (which destroys all types of microorganisms including viruses, bacteria, fungi, and bacteria endospores). e. Sterilizer bags are date stamped with the date of sterilization. f. Autoclaves are biologically monitored with a spore test on a weekly basis. Review the UCHC Biological Monitoring form, and the Chemical Indicator Log Sheet.	Some rust was noted at base of dental examination chair in main dental clinic. Staff reported previous attempts to remove the rust were unsuccessful. Dental chairs showed no cracks or wear. PPE gear were noted available and accessible to dental staff. Weekly and daily dental sterilization logs were up to date.
Notes: Dental staff are on-site five days a week. At inspection, two dental assistants were observed at the main dental clinic, while one dental assistant was observed at the minimum clinic five days a week. A dentist reportedly rotates through the facility on a routine basis.		

[23] NJAC §10A:16-2.13; ACA 4-4360, NCCHC 2004 P-E-06 and 08; NJDOC HCU IMP MED.DEN.007, 008, and 012.

VIII. Correctional Facility Clinic/Infirmary[24]

A. Facility Clinic and Infirmary: General Operations, Sanitation, and Safety

	Criteria	Observation/Comments
1.	Clinic or infirmary area is well organized and free of clutter.	Clinic space was noted neat and well organized.
2.	All confidential conversations about personal medical information take place out of sight and sound of other patients and non-essential staff.	No privacy concerns noted.
3.	No sensitive documents containing protected health information is left unsecured or unmonitored.	No unsecured sensitive documents were observed unmonitored.
4.	Health related computer screens are not left unattended where other persons may view protected health information.	No health care-related computer screens were left unattended.
5.	There is evidence of posted or printed patient education materials including posters and brochures, language assistance for Patients with limited English proficiency (LEP).	Educational posters were visibly posted in patient care areas.
6.	Clinic or infirmary patients, including those with disabilities,[25] have access to properly working and sanitary showers, sinks,[26] and toilets.[27] # of toilets_1__ #showers_1__	One patient bathroom was available in the clinic waiting area. A shower was available for use in an adjacent space.
7.	Emergency Response - a. Emergency bag is accessible in an area with no obstruction.[28] b. Backboard and stair chair are accessible. c. Portable oxygen cylinder reads 50% or greater. d. Oxygen accessories such as Bag Valve Mask (BVM) & oxygen tubing are available. e. Number of Automated External Defibrillators (AEDs) available on site. f. Inspect at least one AED available - AED is charged and pads are unexpired.	a. Two emergency bags were available at BSP - one in main campus clinic, and the second e-bag was located at the minimum security unit clinic. b. Backboard and stair chair were available. c. Portable oxygen cylinders were inspected and read 50% and greater. d. Oxygen and applicable accessories are available. e. BSP reported a total of six AEDs. f. AED inspected was charged and pads were unexpired.
8.	Infirmary has a functional nurse call (call bell) system.	Not applicable - BSP has no infirmary.

[24] NJAC §10A:16-2.9; NCCHC PF-02; NJDOC IMP MED.IMHC.009, ACA Part 6- Health Care.
[25] ACA 5-ACI-6E-02 and 04; ACA 5-ACI-2C-11.
[26] ACA recommends Patients housed in the infirmary have access to operable washbasins with hot and cold running water at a minimum ratio of one for every 12 occupants ACA-5-ACI-6E-03.
[27] ACA recommends access to toilets and hand washing facilities 24 hours per day at the rate of one for every 12 Patients in male facilities and 1 for every 8 Patients in female facilities ACA-5-ACI-6E-04.
[28] NCCHC P-E-08; NJDOC HCU IMP MED.EME.001: Emergency Bag means a portable container which holds a limited supply of emergency equipment and supplies which will be maintained in a secure area of the Medical Department and checked by designated nursing staff each shift.

9.	Sharps safety. a. Sharps are disposed in biohazard waste containers, with containers less than 2/3 full. b. There is a bound logbook with pages that cannot be easily removed or replaced. c. Review the past month- skim to verify entries include date, time, total count for each item and dual signatures. d. Are sharps disbursed and returned needles documented in a logbook?	a. Sharps were being disposed appropriately, and containers were less than 2/3 full. b. Sharps count logbooks were spiral bound logbooks with pages that could not be easily removed or replaced. c. Inspectors noted a handful of required signatures were missing and incomplete. d. Sharps disbursed and returned were being tracked in the logbook.
10.	Infection prevention. a. Personal protective equipment (PPE): Confirm location of gloves and other PPE used for patient care. Are these located within reach of the direct care staff? b. Hand Hygiene: Staff are washing their hands before and after patient care. Ask what the clinic is doing to encourage handwashing. c. Biohazardous waste bins are stored appropriately in secure designated areas.[29]	a. Personal protective equipment (PPE) were available, and within reach of direct care staff. b. Hand hygiene was observed during blood sugar checks. No other clinical encounters took place during the inspection, limiting further assessment of hand hygiene during patient care. There was no formal hand hygiene monitoring program however, supervisory staff reported hand hygiene is encouraged. c. Biohazardous waste at the point of use was secured in puncture-resistant containers. Inspectors observed regulated medical waste awaiting removal from facility was stored in open, red-bag-lined cardboard boxes placed directly on the floor of a locked designated storage closet.
11.	Infirmary Cell Measurements: **L ___ x W____**	There were no infirmary cells at BSP.
12.	Clinic or Infirmary is temperature controlled.	Clinic was temperature controlled.
13.	Language Assistance[30] - There is a process to provide assistance for limited English proficient (LEP) incarcerated people, and staff can demonstrate access/utilize the language line.	Language assistance was available and accessible by staff for use in the treatment of incarcerated persons with limited English language proficiency. Staff demonstrated ability to access/use the language line.

[29] NJDOC HCU IMP MED.ICP.015: Regulated medical waste awaiting removal from the facility must be stored in red plastic bags in a rigid, sealed, labeled container from the company contracted for removal. Boxes should not be stored directly on the floor.
[30] Federal Executive Order 13166 2000 Title VI Civil Rights Act of 1964 42 USC § 2000d et seq.; NJDOC SUP.004.001.