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New Jersey Department of Corrections
Response to the Office of Corrections Ombudsperson
Bayside State Prison Medical Clinic Inspection Report

August 2026

The New Jersey Department of Corrections ("NJDOC") is in receipt of the August 2026 inspection report ("Report") issued by the New Jersey Office of the Corrections Ombudsperson ("OCO") concerning the Bayside State Prison ("BSP") medical clinic. The NJDOC appreciates the overall positive OCO reporting of the BSP clinic's day-to-day operations and patient care, as the NJDOC establishes safe, effective, and appropriate healthcare to the incarcerated person ("IP") population. This response addresses the few minor recommendations contained in the OCO's Report.[1]

It should be noted that the first aid kits have been routinely inspected, including prior to January, 2026. Occurring monthly, the inspections were already incorporated into existing operational processes and were, and continue to be, routinely monitored by site leadership. However, although previously routinely occurring, the inspections were not formally documented prior to January, 2026, and we appreciate the OCO raising this so that formal documentation is now in place.

We further appreciate the OCO listing the robust emergency medical services that the NJDOC maintains, to include equipment, procedures and checklists. The Report's only recommendation in this regard is to eliminate what was perceived in the report as a duplication of forms. While NJDOC appreciates the recommendation, the current forms were intentionally developed by healthcare leadership to ensure compliance with all applicable regulatory standards.

[1] We note that the Report seemingly identifies certain areas for improvement; however, the issue is not fully explained, nor are specific recommendations set forth. For example, on page two the Report states that "Multipurpose use of some storage spaces was noted with opportunities to further limit congestion, especially in areas used to store emergency response equipment." On page 4 the report indicates that a "few gaps" were noted in temperature logs. The NJDOC encourages the OCO to fully identify issues to permit the NJDOC to thoroughly evaluate these and other vague statements that imply the NJDOC should take some action for improvement without specific facts or recommendations set forth.

Although certain information appears repetitive, the forms are designed to satisfy distinct documentation requirements and support patient safety. As such, the NJDOC and University Correctional Healthcare ("UCHC") will continue with the existing documentation.

In addition, the NJDOC will continue with the current processes for medication administration as said processes are effective and in keeping with best practices. The OCO's recommendation in this area is not based on any finding of a medication error or other negative occurrence when it identifies NCCHC-P-C-05 as the standard that the NJDOC is allegedly not following. The standard at issue states "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…". Neither the NJDOC nor UCHC find that standard to require the identification card as an additional form of identification. Rather, the NJDOC and UCHC deem that standard to mean that the person administering the medication must confirm the IP's identity via the identification card through any of the mentioned identifiers. The NJDOC's requirement is two points of verification, with the picture, name and IP number on the identification card more than meeting that standard. Notably, UCHC has a National Commission on Correctional Health Care (NCCHC) surveyor on staff who reaffirmed that the standard is being met by current procedures. In the context of a carceral environment, these current procedures meet best practices.

As for the recommendation that the NJDOC "eliminate blind spots that may limit custody staff oversight," we note that the Report appears to be based upon the OCO's subjective opinion, as no custody or healthcare official confirmed they experienced any "blind spot" that prevented them from observing an IP actually take their medication.[2] Nonetheless, the NJDOC and UCHC have taken this recommendation under advisement and will review the current configuration of medication administration.

The Report notes that at the time of the initial inspection, there was an internet connectivity problem that influenced real time documentation that resulted in duplicative documentation of medication administration. The Report further provides that there was no internet connectivity issue at the re-inspection, nor any pending, missing, or overdue medications noted. This scenario demonstrates the NJDOC's commitment to accurate documentation, because paper forms were resorted to when faced with the inability to enter records electronically. We appreciate the OCO describing this scenario, as it demonstrates the NJDOC's resiliency and efforts at compliance even when faced with obstacles beyond its control.

The NJDOC similarly appreciates the OCO noting that the NJDOC has implemented a dedicated infection control nurse to supervise controlled substances and sharps. Further, the NJDOC and UCHC are currently reviewing the recommendation to implement a site-specific master signature log for staff completing controlled substance and sharps verifications. While such

[2] The Report does not indicate that staff was spoken to about blind spots and offers no confirmation from the observers themselves.

a log is not presently required by regulation, NJDOC and UCHC recognize that it may provide an additional mechanism for validating signatures and supporting supervisory review.

The OCO recognizes that proper hand hygiene was observed, that supervisory staff reported that hand hygiene is routinely encouraged, and that visual reminders are posted in facilities. Nonetheless, the OCO recommends a "hand hygiene monitoring program" to "continue expanding staff and patient awareness." UCHC already promotes hand hygiene throughout its clinical operations through both visual reminders posted in patient care areas that emphasize the importance of hand hygiene, and through the availability of alcohol-based hand sanitizer in any place it can be safely maintained. Infection prevention and control is further supported by a dedicated infection control nurse assigned to each facility, as well as an infection control nurse manager who provides program oversight. That said, while the recommendation is not a regulatory requirement, the NJDOC and UCHC will evaluate this recommendation and continue to provide education to reinforce hand hygiene best practices.

Lastly, regulated medical waste is collected on a routine schedule and should be stored in closed containers. The OCO's observation on the date of its inspection is unusual, in that, it deviates from existing regulated waste procedures. We appreciate the OCO bringing this to our attention, and in response, UCHC assigned a dedicated infection control nurse to manage regulated waste to ensure compliance with regulations and best practices.

Again, the NJDOC appreciates the positive report, the observations, the recommendations, and future discussions.