



Inspection Report

Mid-State Correctional Facility, Medical Clinic

Author and Acknowledgements

This report was written by Oludamilola Ogunnubi DNP RN with contributions from Karen Leonard. 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 inspection of Mid-State Correctional Facility's medical clinic demonstrated strong adherence to core requirements across all inspection criteria, with notable performance in medication distribution and administration, emergency preparedness, medical record keeping, and general clinic operations.

Recommendations include strengthening documentation integrity, improving supervisory oversight of logs and inventories, exploring options for storage space, and reinforcing compliance with NJDOC standards. The Office's observations and recommendations are described in more detail in the body of this report.

Inspection Overview

The New Jersey Office of the Corrections Ombudsperson (the Office) conducted its first inspection of a prison medical clinic at Mid-State Correctional Facility on October 21, 2025 with a follow-up visit on February 9, 2026. This inspection focused on health care services at the facility, compliance with Department policies and national standards, and direct observation of clinical spaces, equipment, and storage areas.

This report includes a narrative section with observations, photographs, and recommendations intended to highlight strengths and identify opportunities for continuous quality improvement. It ends with the Office's completed inspection tool showing each inspection standard and the relevant observations.

Mid-State Correctional Facility is a dorm-style medium security prison that provides inpatient and outpatient substance abuse treatment and counseling for a population of roughly 350 incarcerated people. Health care services at Mid-State are provided by Rutgers University Correctional Health Care (UCHC).¹ Incarcerated people receive emergency care, treatment for acute and chronic conditions, and any medically necessary services as determined by health care providers. UCHC operates a medical clinic at the facility but does not have an on-site infirmary. Individuals needing higher-level care than can be provided in the facility's medical clinic are transferred to the hospital or to another prison with an infirmary.

The Department of Corrections Health Compliance Unit (HCU) monitors UCHC's delivery of medical, dental, and mental health care through audits, site inspections, and reviews of key indicators to confirm compliance with contractual and policy requirements.²

¹ NJSA §18A:65-94(e).

² NJAC §10A:16-1.6, 1.9, and 1.10.

Observations and Recommendations

Mid-State Correctional Facility's health care services meet the large majority of performance benchmarks and regulatory requirements. Health care staff and supervisors were knowledgeable and professional. Clinic areas and clinic equipment were well-maintained.

Clinical and storage space

UCHC delivers clinical services and conducts administrative duties safely, securely and in compliance with applicable health care practice requirements within the spatial constraints of the facility. There are designated waiting areas for individuals awaiting health care, and patient education materials are appropriately displayed in patient care areas.

UCHC operates with limited designated space and cannot expand, re-design, or co-opt additional physical space within the correctional facility. The Office's inspectors observed the nursing station doubled as a records room, the telehealth room doubled as a storage space, the supply closet also contained nursing documents, and several pieces of equipment were stored in a locked shower room. There are no statutory, regulatory, or contractual standards prohibiting the multipurpose use of medical spaces within correctional facilities when such use is conducted safely and under appropriate controls.



Primary care provider exam room. Photo by Office of the Corrections Ombudsperson, Feb. 9, 2026.



Dental exam room. Photo by Office of the Corrections Ombudsperson, Feb. 9, 2026.



Equipment stored in locked bathroom by nurse's station. Photo by Ombudsperson Office, Oct. 21, 2025.



Telehealth room also used for storage. Photo by Ombudsperson Office, Oct. 21, 2025.



Supply closet contained nursing documents. Photo by Office of the Corrections Ombudsperson, Oct. 21, 2025.

Medical facilities, supplies, and equipment.

The medication storage and supply storage spaces appeared neat and organized, however weekly checks required by the Department of Corrections are currently performed every two weeks.³ Supervisory oversight is beneficial for compliance.

Oversight of first aid monthly inspection logs.

The 2025 first aid monthly inspection logs were not completed between February and June 2025. UCHC is required by state regulations and policy to oversee monthly inspections of first aid kits, disaster boxes, and equipment.⁴ Supervisors should review logs at set intervals or conduct spot checks for accuracy and completeness. At the Office's follow-up visit in February 2026, the first aid kits are now being inspected monthly.

Emergency services.

Documentation reviewed confirmed that staff designated to respond to medical emergencies are trained in first aid for emergency conditions. Further, documentation indicates that medical staff maintain current certifications in Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS). Adequate emergency response equipment was available to support the provision of emergency care as needed.

Incarcerated Person food worker medical clearance logbook.

The Office noted gaps with pre-employment focused medical health examination, history, and current TB screening for food handlers.⁵ A food worker medical clearance logbook was initiated upon notice of inspection; however, the logbook provided contained only worker names, provider, and clearance dates, and therefore does not comply with all Department policy requirements.⁶ Two incarcerated person food workers were randomly selected for a medical record review. The first medical record indicated that the worker received medical clearance with satisfactory TB screening documentation; however no pre-employment focused medical examination was found. In the second chart review, neither TB screening documentation nor a pre-employment focused medical examination was present. Upon follow-up in February 2026, the Office learned the food handling division now maintains a log that meets policy requirements. For public health and safety, the Office recommends ongoing monitoring, staff training, and periodic audits to ensure sustained compliance with all medical clearance and screening requirements.

³ See NJDOC HCU Internal Management Procedure MED.AGP.012.

⁴ NJAC §10A:16-2.14; HCU Internal Management Procedure MED.EME.002.

⁵ NJDOC Internal Management Procedure MED.ICP.019. The Department's Health Care Provider, of staff members own personal physician, shall furnish a pre-employment focused medical health examination, history, and current TB screening for all IP and employee food handlers prior to beginning food handling job duties, and on an annual basis thereafter.

⁶ See NJAC §10A:16-2.12; NJDOC HCU Internal Management Procedure MED.ICP.019; NCCHC B-04. A food worker medical clearance logbook shall be maintained by the food handling department. This will indicate the name, date of medical examination, approval/disapproval, reason, and date of re-examination.

Medical records.

The medical records section was neat and well organized. No violation of privacy or confidentiality standards were observed. A review of two randomly selected charts reflected one compliant chart, while sections in the second chart were only partially labeled, and some documentation was filed inaccurately. One chart also contained an excessive volume of documentation. The Office recommends storing inactive records in accordance with policy or dividing active charts into two clearly labeled parts (A and B).

Medication Administration.

The facility successfully implemented the electronic medication administration system (eMAR). Inspectors observed the mid-day medication pass and found the process was timely, and in alignment with protocols. A request to review downtime forms and processes revealed a need for updated forms to improve access to information during a power outage or other computer downtime.

Controlled substance and medical sharps handling and management.

A review of shift to shift inventory of sharp items and controlled substance verification logs showed compliance with sign-offs by medical staff, but several gaps were observed in the custody officer signature sections of both logs. As reflected by documentation provided by the Department, current protocols indicate both medical and custody staff verification of count at shift changes. Therefore, the Office recommends reviewing policies and procedures governing sharps and controlled substance counts and implementing supervisory oversight to ensure proper accountability of controlled substances.

Logbooks also did not contain legible or verifiable staff signatures. During review, supervisory staff were unable to verify some signatures in the logbook. To maintain accountability and adhere to record keeping best practices, the Office recommends creating a master signature sheet to identify the signatures in every logbook. At least once per book, a legible printed legal name, signature, and initials of healthcare staff handling counts of controlled substances and sharps should be documented. Additionally, numerous ripped and stapled logbook pages were observed. While this does not directly impact clinical care of patients, it may compromise documentation integrity. The Office recommends logbooks with stronger binding or durable alternative measures to maintain integrity.

Infection control.

During the review of the facility's infection control practices, staff described procedures that largely aligned with established standards, consistent with applicable regulations.⁷ Proper use of personal protective equipment and adherence to hand hygiene protocols were observed during the inspection, indicating compliance with fundamental infection control practices. The biohazard waste and cleaning supply closet was cluttered and included some non-biohazard items. The Office recommends removing all unrelated materials from the space, clearly labeling all cleaning products and solutions, restricting the area to authorized biohazard and sanitation items only, reinforcing staff training on proper storage protocols, and implementing routine monitoring to ensure ongoing compliance.

⁷ See 29 CFR §1910.1030. Occupational Safety and Health Administration.

Office of the Corrections Ombudsperson
Inspection Tool for Health Services
New Jersey State Correctional Facilities

Purpose

Pursuant to NJSA §52:27EE-28, 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 NJ 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, and
 - Current evidence-based healthcare practices.
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⁸ NJSA §52:27EE-28.

⁹ NJSA §52:27EE-28.2(9a-j).

¹⁰ NJAC §10A:16-2.

¹¹ National Commission on Correctional Health Care Standards for Health Services in Prisons (2018).

¹² American Correctional Association Performance-Based Standards, Expected Practices, Adult Correctional Institutions Fifth Edition (2021) Part 6-Health Care.

Inspection Process Overview

1. Pre-Inspection/Entry: Corrections Ombudsperson staff will coordinate with NJDOC and Rutgers-UHC 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/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 (IPs) housed in the area under inspection may also be interviewed to provide feedback on access to care, timeliness, and the quality of services received.¹³
- **Direct Observation:** Includes clinic operations, medication administration lines, housing unit interactions, cleanliness, privacy protections, and infection control practices.

3. Verification & Documentation

- **Document Requests:** The Office 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.

Follow-up inspections may be scheduled or unannounced. Please note the Office of the Corrections Ombudsperson shall implement procedures to ensure that unannounced inspections are carried out in a reasonable manner.¹⁴

¹³ NJSA §52:27EE-28.3(d). The ombudsperson is authorized to interview and privately and confidentially communicate with any person, including staff and inmates, both formally and informally, by telephone, mail, and in person.

¹⁴ NJSA §52:27EE-28.2 (9e).

Office of the Corrections Ombudsperson
 New Jersey State Correctional Facilities
 Inspection Tool for Health Services

I. Medical Facilities and Equipment ¹⁵

	Standard	Observations/Comments
1.	Medical Unit is equipped and maintained to allow adequate and private examination of incarcerated persons (IPs).	Inspectors noted sufficient space maintained for patient examination.
2.	Appropriate space is provided for IPs waiting for healthcare services.	Adequate waiting area space was noted for IPs awaiting medical care.
3.	Equipment is being maintained in good working order and supplies maintained at established inventory levels. Equipment and supplies in healthcare areas are checked weekly. Review evidence clinic equipment is checked weekly.	Supply inventory is conducted every 2 weeks.
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. ¹⁶ a) Medical b) Custody	Medical sections of logbooks were accurately signed. Supervisory staff were unable to identify signatures in the logbook. Several unsigned spots noted on custody section of logs. May be beneficial to review wear and tear of log books. Sharp/Narc log books observed with ripped pages that were stapled together.

¹⁵ NJAC §10A:16-2.13; ACA 4-4196; NCCHC D-03; NJDOC HCU Internal Management Procedure MED.AGP.012.

¹⁶ Review Sharps and Reusable medical tools logs. NJDOC Internal Management Procedures MED.DEN.008 and MED.PHA.012. Review Controlled medication and Pharmacy Logs. NJDOC Internal Management Procedures MED.PHA.013 and MED.001.005.

II. First Aid Kits, Disaster Boxes, and Equipment¹⁷

The OCO will verify monthly inspections of first aid kits, disaster boxes, and equipment.

	Standard	Observations/Comments
1.	Review logbooks to verify equipment is inspected monthly (review inspection log).	First Aid Kits were not inspected from February 2025 to June 2025.
2.	Equipment is properly inventoried (with a list of contents) and stocked.	MSCF Emergency bag checklist conducted daily.
3.	Inspector will select at least <u>two</u> random items from list of contents to confirm the following: <ol style="list-style-type: none"> a. Properly maintained, safely stored, and legibly labeled. b. Items are current and unexpired. 	First Aid Kit contents were examined and appeared safely stored with all items current and unexpired.

III. Food Handlers and Special Activity Medical Examinations¹⁸

*OCO will review the food worker medical clearance logbook maintained by the food handling department and select at least two current food service workers.¹⁹

	Standard	Observations/Comments
1.	Documentation verifies pre-employment focused medical health examination, history and current TB Screening took place prior to beginning food service job duties.	The food worker medical clearance logbook did not meet NJDOC policy requirements. A review of two IP records identified gaps with pre-employment focused physical exams and TB screening. Both IPs were cleared less than one year ago, hence the annual clearance criteria did not apply.
2.	Documentation verifies annual medical examination took place.	

¹⁷ NJAC §10A:16-2.14; ACA 4-4390; NJDOC HCU Internal Management Procedure MED.EME.002.

¹⁸ NJAC §10A:16-2.12; NJDOC HCU Internal Management Procedure MED.ICP.019; NCCHC B-04.

¹⁹ NJDOC HCU Internal Management Procedure MED.ICP.019. A food worker medical clearance logbook shall be maintained by the food handling department. This will indicate name, date of medical examination, approval/disapproval, reason and date of re-examination.

IV. Medical Records²⁰

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 contains:

	Standard ²¹	Observations/Comments	
1.	Master Problem List and Alerts.	The Medical records area appeared neat, clean, and well organized. Two random charts were reviewed. Overall, both charts were mostly organized. However, in one chart the OCO identified opportunities to improve the organization of the sections, as the chart was not tabulated or labeled accurately. Chart 2 was found to be compliant.	
2.	Psychological Special Needs Treatment Plan.		
3.	Health Services Request Form (MR-007).		
4.	Laboratory, x-ray and diagnostic studies: Yes/No.		
5.	Consent Forms for medical, dental, or surgical treatment (and Refusal forms if applicable).		
6.	Discharge summary of hospitalizations.		
7.	Medication Administration Records.		The health care system has transitioned to electronic documentation.
8.	Consultations, and off-site referrals for treatment.		
9.	Are each of these sections recorded in the right section as labeled? Yes/No.		
10.	Handwritten entries 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. ²²		

²⁰ NJAC §10A:16-2.18; NJDOC HCU Internal Management Procedure MED.HCR.001.

²¹ A complete medical record shall be maintained for each incarcerated person to accurately document all health care services provided throughout the incarcerated person's period of incarceration. The medical record shall consist of an Electronic Health Record (EHR) and a Medical Reference File (MRF). The EHR and/or MRF shall contain the items listed in this section.

²² Signature and title of each staff documenting. In the MRF there should be a handwritten signature and a name stamp, or a signature stamp, along with a date and military time. If a name stamp is not available, a signature and printed name will be used. In the EHR there should be an electronic signature on the document, which will include the title and date and time of the staff signing.

V. Medication Distribution

A. Medication Administration²³

OCO staff will observe the medication area/room

	Medication Room/Dispensary Standard	Observations/Comments
1.	Area appears organized.	The mid-day medication pass was observed to be orderly and compliant with established protocols.
2.	No PHI or confidential information observed in trash.	
3.	No evidence of pre-poured meds. (Ask staff to open medication carts/drawers to confirm.)	Nursing staff demonstrated proper verification procedures, safe medication handling, and professional interactions with the incarcerated population.
4.	Check at least 2 medications for its expiry date. No expired meds found on med-cart.	
5.	Refrigerator temperatures are checked and documented. Confirm via temperature logbook.	
6.	Check date of at least two medication kept in the fridge. All medication checked are labeled, current and unexpired.	The facility implemented an electronic medication administration system (E-Fusion).
7.	Check five random IP Medication Administration Records (MAR) for completion. MAR documentation appears complete.	
8.	MARs are signed by RN with their complete signature and initials.	Boxes of empty controlled med cards were stored in a box under a table in a locked med room. Staff stated they were stored there to be shredded later.
9.	Review five KOP MARs - IPs signed for the KOPs received.	
10.	Empty medication cards are disposed appropriately. How?	
11.	Review controlled med/narcotic logs - The total number of controlled substances counted and the verified count is signed off on by the incoming/outgoing shifts. Each dose of a controlled substance is signed for individually, documented on a MAR.	A master signature sheet is recommended for integrity and tracking of controlled substances.

²³ NCCHC P-D-01,02,03; ACA 4-4378.

B. Medication Administration on the Housing Unit, Direct Observation Therapy (Med Line)

- Observe a medication distribution process to complete this section.
- OCO may interview up to three patients receiving various types of medication for experiences.

	Medication Administration Standard	Observations/Comments
1.	Medication arrived on the unit in time for scheduled distribution.	Medication administration at MSCF was found fully compliant. Medication pass was timely for scheduled distribution, and nursing staff consistently verified patient identity and confirmed the correct medication, dose, and route. No pre-poured medications were observed. Staff appropriately observed ingestion and provided required liquids. The Medication Administration Record (MAR) reviewed appeared complete with no blanks, and the medication nurse accurately documented administrations, no-shows, and refusals.
2.	Staff confirmed the identity of the patient receiving medication.	
3.	Medication does not appear pre-poured.	
4.	Staff verified the correct medication, dose, and route.	
5.	Staff observed the patient taking medication.	
6.	Patients provided appropriate liquid to ingest their medication(s) as prescribed.	
7.	Medication Administration Record (MAR) MR – 025 appears complete with no blanks.	
8.	The medication nurse initialed each MAR as the drug is being administered or marked it to indicate no-shows and refusals.	
9.	Active Intravenous medication orders. If applicable, select one IP who has been in the infirmary longer than 72 hours or more, and who receives IV therapy. Verify the following: <ul style="list-style-type: none"> • Medication order present, • Date and time of IV insertion, • IV site, and • Date of last IV site dressing change date as evidenced on dressing. 	

VI. Emergency medical treatment²⁴

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: BLS/ CPR every two years

VII. Facility Clinic/Infirmary: General Operations, Sanitation, and Safety

	Standard	Observations/Comments
1.	Clinic/Infirmary area is neat, well organized, and free of clutter.	<p>MSCF does not have an on-site infirmary. Individuals requiring higher-level care are transferred to a hospital or another NJDOC facility.</p> <p>Clinic and exam areas were neat and well organized, though space limitations result in the nursing station doubling as a records room, the telehealth room serving as supply storage, and a supply closet containing nursing documents.</p> <p>Patient education materials were appropriately displayed.</p> <p>Privacy practices were compliant, with confidential conversations conducted out of sight and sound of others and no unsecured protected health information observed.</p>
2.	All confidential conversations about personal medical information take place out of sight and sound of other patients and non-essential staff.	
3.	No sensitive documents containing protected health information is left unsecured or unmonitored.	
4.	Health related computer screens are not left unattended where other persons may view protected health information.	
5.	There is evidence of posted or printed patient education materials including posters and brochures. ²⁵	
6.	Infirmary patients, including those with disabilities, have access to properly working and sanitary showers, sinks, and toilets. ²⁶	
	# Toilets _____ # Showers _____	

²⁴ NJAC §10A:16-2.10.

²⁵ ACA 4-4361.

²⁶ ACA recommends that incarcerated people 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. The standards recommend access to toilets and hand washing facilities 24 hours per day using a ratio of one for every 12 incarcerated people in male facilities and 1 for every 8 people in female facilities. ACA 5-ACI6E-02, 03, 04; ACA 5-ACI-2C-11.

7.	Emergency Response a. Emergency crash cart accessible in an area with no obstruction. b. Is back board accessible? Is AED available with green light charged? c. Check expiry of AED pads. Does portable oxygen cylinder read 50% or greater? Is oxygen tubing present?	Emergency response equipment was largely compliant, with accessible crash cart, backboard, and charged AED. However, several pieces of equipment were stored in a locked shower room, which may limit accessibility.
8.	Infirmery has a functional nurse call (call bell) system (if applicable).	
9.	Safety a. Review sharps container. b. Sharps are not more than 2/3 full? c. Ask “How are sharps disposed?” d. Is there a bound logbook (can the pages be removed or replaced)? e. Review the past month. Skim to verify entries include: i. Date, time, total count for each item and dual signatures. ii. Are disbursed and returned needles documented in a log book?	Sharps safety practices were compliant, with containers below the two-thirds limit, proper biohazard disposal procedures, and complete medical logbook entries, though sharps awaiting disposal and biohazard materials were stored in a locked designated room which was found to be cluttered, and contained some non-biohazard items like cereal boxes, and cleaning equipment/supplies. Gaps were identified with custody section of sharps logbook. Hand hygiene and PPE access were compliant, with staff demonstrating proper practices and ongoing training reinforcement. Observation rooms were temperature controlled.
10.	Miscellaneous: a. Confirm location of gloves used for patient care. If you don't see gloves, ask staff where gloves and masks are located. Are they within reach of the individual providing direct care? b. Handwashing: Are staff washing their hands before and after patient care? Ask what the clinic is doing to encourage handwashing. Is there a training program?	
11.	Infirmery Cell Measurements: L ___ x W ___	
12.	Infirmery space/living quarters is temperature controlled.	

VIII. Correctional Facility Infirmery²⁷ : NOT APPLICABLE – MSCF DOES NOT HAVE AN INFIRMARY

IX. Infirmery Inspection: Chart Reviews²⁸ : NOT APPLICABLE – MSCF DOES NOT HAVE AN INFIRMARY

²⁷ NJAC §10A:16-2.9; NCCHC PF-02; NJDOC Internal Management Procedure MED.IMHC.009, ACA Part 6- Health Care.

²⁸ NCCHC PF02, NJAC 10A:16-2.9; NJDOC Internal Management Procedure MED.IMHC.009.