

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**

**STANDARDS COMPLIANCE INITIAL AUDIT**

Arkansas Department of Correction  
McPherson Unit  
Newport, Arkansas

April 11 - 13, 2018

**VISITING COMMITTEE MEMBERS**

Joseph P. Rion, CCE, Chairperson  
ACA Auditor

Richard Arbasak  
ACA Auditor

Amy J. Fairbanks  
ACA Auditor

**A. Introduction**

The audit of the McPherson Unit, Hinton, Oklahoma was conducted on April 11-13, 2018, by the following team: Joseph Rion, Chairperson; Richard Arbasak, Member; and Amy Fairbanks, Member. The McPherson Unit is a facility within the Arkansas Department of Correction.

**B. Facility Demographics**

Rated Capacity: 1003

Actual Population: 923

Average Daily Population for the last 12 months: 975

Average Length of Stay: 3 years, 3 months, 26 days

Security/Custody Level: Maximum/Medium

Age Range of Offenders: 18-79

Gender: Female

Full-Time Staff: 293 (includes 44 contract employees)

30 Administrative, 11 Support, 22 Program, 186 Security, Other 44

**C. Facility Description**

The McPherson Unit is located approximately 90 miles northeast of Little Rock, Arkansas in Newport, Arkansas. The physical address of the facility is 302 Corrections Drive, Newport, Arkansas, 72112. Newport is a town within Jackson County in northeast Arkansas. The Grimes Unit was originally constructed as a private facility in 1998. In 2001 the Arkansas Department of Correction (DOC) took over operations and management of the facility. The facility is considered “New Construction after January 1, 1990” for accreditation purposes. The Grimes Unit and McPherson Unit were considered one single correctional complex until 2015 when each facility was designated as a stand-alone institution. Both facilities continue to share some services such as maintenance and the armory.

The stated mission of the McPherson Unit and the Arkansas DOC is “to provide public safety by carrying out the mandate of the courts; provide a safe humane environment for staff and inmates; strengthen the work ethic through teaching of good habits; and provide opportunities for staff and inmates to improve spiritually, mentally, and physically.”

The McPherson Unit houses inmates of varying custody levels ranging from minimum to maximum custody. During the audit there were 692 minimum custody inmates, 176 medium custody inmates, and 94 maximum custody inmates.

The physical plant includes four housing zones utilizing a variety of living configurations including double-occupancy rooms, open-bay dormitories, and single occupancy cells. Housing Zone 1 contains 81 double-occupancy rooms and 170 open-bay dormitory beds.

Housing Zone 2 contains 81 double-occupancy rooms and 173 open-bay dormitory beds, Housing Unit 3 contains 227 open-bay dormitory beds, Housing Zone 4 contains 27 double-occupancy rooms. Additionally, Housing Zone 4 includes 40 single-occupancy beds utilized by the residential mental health program, three single-occupancy medical observation rooms, one double-occupancy medical observation room, one triple-occupancy medical observation room, and 60 single-occupancy restricted housing cells.

Additional space is provided for medical services, intake and discharge processing, indoor and outdoor recreation, religious services, educational programs, food preparation, dining, commissary services, maintenance, clothing and supply distribution, library services, visitation, mailroom, and administrative offices.

#### **D. Pre-Audit Meeting**

The team met on April 11, in Searcy, Arkansas to discuss the information provided by the Association staff and the officials from the McPherson Unit.

The chairperson divided standards into the following groups:

Standards 4-4001 to 4-4173, Joseph Rion, Chairperson  
Standards 4-4174 to 4-4343, Richard Arbasak, Member  
Standards 4-4344 to 4-4530, Amy Fairbanks, Member

#### **E. The Audit Process**

##### **1. Transportation**

The team was escorted to the facility by Sandra Kennedy, Agency Accreditation Manager.

##### **2. Entrance Interview**

The audit team proceeded to the office of Antoinette Bradley, Warden. The team expressed the appreciation of the Association for the opportunity to be involved with the McPherson Unit in the accreditation process.

The team then proceeded to the visiting room located in the Administration Building of the McPherson Unit for an introductory meeting with Warden Antoinette Bradley, her executive staff and 33 designated department heads, supervisors and staff representing most of the key departments within the facility. The following staff members from the McPherson Unit and the Arkansas Department of Correction (DOC) were present at the meeting:

Wendy Kelly, Director, Arkansas DOC  
Dale Reed, Chief Deputy Director, Arkansas DOC  
Dexter Payne, Deputy Director, Arkansas DOC

Rory Griffin, Deputy Director, Arkansas DOC  
Mark Cashion, Assistant Director, Arkansas DOC  
Solomon Graves, Agency Public Information Officer  
Sandra Kennedy, Agency Accreditation Manager  
Linda Gibson, Agency Fire Safety Coordinator  
Dona Gordon, Correct Care Solutions (CCS), Central Office  
Bernard Williams, CCS, Regional Office  
John Herrington, Deputy Warden  
Virginia Robins, Facility Accreditation Manager

The team expressed the appreciation of the Association for the opportunity to be involved with the McPherson Unit in the accreditation process. It was explained that the goal of the visiting committee was to be as helpful and unobtrusive as possible during the course of the audit.

The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the world. The chairperson advised the group that they would be kept informed as to the progress of the audit on a daily basis. If any concerns should arise, they would be discussed with the warden and her executive staff. The audit schedule was reviewed. Each team member gave a brief overview of his/her background as it related to accreditation and their professional commitment to the process.

### 3. Facility Tour

The team toured the McPherson Unit from 12:55 p.m. to 4:31 p.m. on day one of the audit. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Sandra Kennedy, Agency Accreditation Manager  
Linda Gibson, Agency Fire Safety Coordinator  
Antoinette Bradley, Warden  
John Herrington, Deputy Warden  
Virginia Robins, Facility Accreditation Manager  
Linda Lewis, Major

During the course of the tour the following buildings and departments were visited:

Visiting Room  
Entry Station  
Residential Programming Unit  
Mental Health Building  
Restrictive Housing Unit  
Intake Barracks  
Medical Department  
Maintenance Department

Housing Zone 1  
Housing Zone 2  
Dining Hall  
Kitchen  
Laundry  
Housing Zone 3  
Housing Zone 4  
Sally Port  
Laundry  
Programs Department  
Gymnasium  
Commissary  
Library  
Law Library  
Administrative Offices  
Armory

During the course of both the tour and subsequent return visits to the various departments the team evaluated sanitation levels, environmental conditions, security practices, post orders, inmate and staff morale, life-safety procedures/practices, and institutional culture. The team observed that notices regarding the audit had been prominently posted and displayed on bulletin boards throughout the facility.

#### 4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

##### **Security:**

This department is the largest in the facility with a total of 186 employees. The Security Department provides coverage on a 24-hour per day, seven-day per week basis. The Security Department staff members work on one of the following two operational shifts:

5:45 a.m. to 6:00 p.m.

5:45 p.m. to 6:00 a.m.

One of the primary components of the perimeter security system is the perimeter security fence which completely encircles the main compound.

The perimeter fence is a 12 feet high double fence reinforced with razor wire. Both fences are equipped with rolls of razor wire at the top and rolls of razor wire at the bottom.

The fencing system is enhanced by a micro-wave intrusion detection system that is monitored from the Control Center. There is one armed vehicular patrol officer assigned to provide perimeter security on a 24-hour per day, seven-day per week basis.

The McPherson Unit has an extensive camera system in place which includes 322 surveillance cameras placed at strategic locations throughout the facility. The cameras are centrally monitored from a dedicated camera room in which staff is assigned the task of monitoring the camera system.

The control of contraband at the facility is an important security consideration at the McPherson Unit. Each inmate's person, property or living area is subject to search at all times.

The facility has a comprehensive system of key control. The Key Shop is located outside the main compound in the armory. One correctional staff member is assigned as the key control officer for the facility. A master inventory of all keys is maintained. Administrative staff members review requests for keys and have established a system under which special authorization is required for staff members to receive keys other than those assigned to them on the basis of post or duty assignment. Emergency keys are available for issuance in the event of a life-safety or security emergency. Back-up emergency keys are maintained. Keys are inventoried and inspected on each shift. A check-in and check-out system is in place and duty keys issued to staff are logged in and out on an issuance log book.

The McPherson Unit does not maintain an on-site canine unit but can access the canine services at the nearby Grimes Unit as needed.

The facility has a multi-faceted system of tool control. Tools are classified as "Class A" tools, "Class B" tools, or "Class E" tools based on their potential risk for use as a weapon or the likelihood the tool could be utilized to facilitate escape. The highest risk tools are designated as Class A tools. These tools are stored in a locked cage area which is restricted to staff members only.

These tools must be issued by a staff member and may only be used by inmates under the direct supervision of a staff member. The Class B tools are considered less risky than those designated as Class A, but their issuance and use is also strictly controlled. Class E tools include lower risk equipment type tools such as those issued for daily cleaning tasks. Tools are stored by means of a shadow board storage system which is used in conjunction with a check-in and check-out log book. All tools are inventoried daily. The main tool storage area is located in the maintenance building. There is a system in place which requires that new tools be added to the master inventory prior to being placed in service. Broken equipment or tools are promptly removed from the main compound in an effort to prevent them from being fashioned into weapons or other contraband.

During the course of the tour, several tools were checked by members of the visiting committee to ensure inventory and issuance records were accurate.

Food service and medical sharps were also checked during the tour or subsequent return visits to these areas. No significant problems were found and the control systems utilized by the staff of the McPherson Unit appeared to be sound.

### **Environmental Conditions:**

The McPherson Unit functions as a smoke-free facility. This has had a positive impact on environmental conditions within the facility. The facility was in compliance with the applicable standards relating to environmental conditions. Light, noise, and air circulation levels were all within the established acceptable ranges. Temperature ranges were well within the comfort zone. All of the living units, dayrooms, and recreational areas were within the square footage requirements. All inmates housed at the McPherson Unit had appropriate access to hot and cold running water, wash basins, showers, and commodes within their assigned living units.

### **Sanitation:**

The McPherson Unit emphasizes sanitation on an on-going basis. The facility maintains a master housekeeping plan which is reviewed annually and updated as needed. The floors were clean and in good repair. The DOC guidelines regarding property control and storage require inmates to keep their assigned bed areas in proper order.

This contributes to the appearance and cleanliness of the bed areas. The facility has dedicated a significant amount of resources into ensuring there is a sufficient inmate labor force to maintain appropriate levels of sanitation throughout the facility. The housekeeping plan provides for the appropriate training and supervision of inmates performing sanitation-related duties. Officers supervising cleaning details are responsible for ensuring that inmates assigned as janitors are proficient in proper cleaning procedures which include the use of sanitation supplies and equipment.

### **Fire Safety:**

The McPherson Unit is equipped with a variety of smoke/fire detection systems, alarm systems and fire suppression systems. Smoke/heat detectors and pull-stations are in place throughout the facility. The alarm system is monitored from a central panel located in the control center. All buildings within the facility are protected by an automatic sprinkler system which is maintained and tested quarterly. The sprinkler system included 1585 wet sprinkler heads. Manually operated fire extinguishers and standpipe hoses are strategically located throughout the facility. There are ten self-contained breathing apparatus (SCBA's) on hand for fire evacuation/suppression efforts.

Fire drills are conducted on an ongoing basis with each area conducting a drill at a minimum of one time every 90 days.

Facility staff was knowledgeable of the procedures for evacuating residents from locked areas such as within the general population housing units and the restricted housing units. In addition, facility staff was able to explain the procedure for evacuating inmates from locked areas during emergencies.

Evacuation plans were current and prominently displayed. Required fire safety inspections are conducted on an ongoing basis. Designated facility staff conducts weekly fire safety inspections of all areas of the facility. Monthly inspections are conducted by the fire safety officer. Annual fire code inspections are conducted by the agency fire safety coordinator who is outside the chain of command of the facility. A review of facility inspection records indicated that any deficiencies uncovered during the course of the weekly, monthly, or annual inspections were promptly corrected.

The McPherson Unit is supported by the Newport Fire Department that has a substation within three miles of the facility and a main station within six miles of the facility. The average response time of the substation responders is within five minutes or less. The average response time of the main station responders is ten minutes or less.

The facility has a system in place for the storage and use of caustic, toxic, and flammable materials. Diluted products which have been pre-mixed are utilized for routine cleaning. Material Safety and Data Sheets (MSDS) are maintained on all chemical products. Currently, the MSDS sheets are maintained in the areas in which the products are stored.

Eye wash stations are in place in high-risk areas.

### **Food Service:**

The Food Service Department at the McPherson Unit is staffed by one captain and four staff food preparation supervisors. The department has 124 inmate workers who perform various duties such as cooks, bakers, janitors, and dishwashers. The facility follows a master cycle menu which is prepared by a registered dietician at the central office. Meals are served three times per day. Provisions are made for special diets based on medical, dental, or religious needs. Temperature records were maintained for freezer, cooler and dry storage areas. All products were stored within the acceptable temperature ranges. The food service department is inspected weekly and monthly by designated facility staff. The state health department conducts inspections at least one time per year.



## **Medical Care:**

The following narrative was submitted by Amy Fairbanks, Medical Auditor:

Health care coverage is provided 24 hours a day, seven days a week. Correct Care Solutions, Inc. provides the medical coverage for the facility.

Staffing consists of the following: Health Service Administrator, Director of Nursing (who also oversees quality assurance), Medical Director, Nurse Practitioner full-time, five full-time RN's, eight LPNs and per diem staff as needed. Night coverage is provided by two LPNs. A medical provider is on call 24/7. There are three exams room, and emergency room, nurses' station, secure area for medical records and sufficient offices to maintain operations. The medical record is mostly an electronic version with some documents either duplicated in a paper chart or still used in a paper chart such as outside consults and consent forms. Specialty care that comes on sight includes the following: x-ray, ultra sound, physical therapy, optometry and ophthalmology, sleep studies, and cardiac halter monitoring.

Nurses use nursing protocols. Medical pathways were written and developed by Correct Care Solutions, Inc. The following chronic care clinics are held: pulmonary, HIV, hyperlipidemia, hypertension/cardiology, hepatitis, neurology, diabetes/endocrine, mental health and other special needs such as rheumatoid arthritis, gastrointestinal, anti-coagulation therapy and eye care. Approximately 388 inmates are enrolled in a chronic care clinic. There is an eight-bed infirmary located in the medical area, one double-occupancy cell, one triple-occupancy cell, and three single-occupancy cells, one of which can accommodate a restricted housing inmate. All licenses were checked and found to be current. A therapeutic diet manual is reviewed annually and maintained in the HSA's office.

Medications are provided by Diamond pharmacy and are received in bubble packs. Inmates have some medications they maintain in their possession (KOPs) and other are dispensed at a pill line twice daily. An officer provides custody support during the medication administration which occurs at a medication window, within the hallway of the facility. The process is documented electronically. A pharmacist from Diamond conducts an audit monthly. This facility has received recognition for the outstanding results of this audit. Medications can be returned. If disposed, they are boxed and given to a reverse distributor. Medication room keys are exchanged on site and checked in the presence of both staff. Medications are crushed upon orders received by the medical providers.

The pill line was observed and found to be accurate, focused and organized. Narcotic control is well documented.

Sharps are also well controlled; documentation was reviewed demonstrating this has been a long term, consistent practice by staff.

Inmates are medically assessed immediately upon arrival. As this is the reception facility for females for the department, routine testing includes a pregnancy test, hepatitis C test, HIV test and syphilis test. Medical staff assesses all inmates before going into the restricted housing unit, assess use of alternative meals, assess risks for planned use of force, and conduct evaluations of inmates after use of chemical agents or use of force.

Health care staff will assess inmates who would be placed in restraints, although this has not occurred at this facility for over a year. Inmates interviewed in restrictive housing confirmed the nurse makes rounds daily and they are made aware of when these rounds are conducted.

There is a stretcher and emergency bag with an AED maintained in the health care area for response to emergencies. There is a room designed to handle emergent situations in the health care clinic. One AED is maintained at this facility. Sergeants and those ranking above are trained in CPR. It is checked daily to ensure operating status as well as current pads (two) are available. Security maintains first aids kits which are kept in strategic areas throughout the facility. Medical equipment is checked / calibrated as needed annually. Agreements are maintained with the local hospital to provide emergency care. Once stabilized, inmates received continued treatment at the infirmary or an established hospital for inmates.

Sick call is conducted seven days a week. Forms are available in the unit. Inmates complete them, place them in the designated box and they are picked up daily on the night shift and triaged by the day shift. Inmates can contact correctional staff to contact health care if they are having an emergent need. There is a copay charged to the inmate \$3.00; they are not denied treatment if they cannot pay.

A dental suite is in the medical area, staffed by a full time Dentist, full-time Dental Assistant, and part-time dental assistant who are Correct Care Solutions, Inc. staff.

There is also a part time hygienist. Panoramic x-rays are taken upon intake. They are currently not digital but staff anticipate upgrading to digital x-rays in the near future. Tool control and chemical control were in good order. The dentist uses the same electronic medical record which affords her the ability to know the patient's condition as well as order needed prescription medications.

Autoclave testing was in order; biohazardous waste is picked up as required by Stericycle and properly stored pending the pickup. Inmates who work in the health care area are trained on how to handle blood spills and contaminated items.

A check of sharps, working and stock, revealed accurate record keeping; records reflected proper documentation going back several months.

Mental health needs are addressed by the mental health department who are ADC staff. Staffing consists of the Mental Health Administrator, three psychiatrists, one psychologist, one LMSW, one LPC, one Social worker, and seven counselor advisors. There are approximately 168 inmates deemed mentally ill at this facility. The psychologist conducts AIMS reviews on patients receiving anti-psychotic medications.

Involuntary use of medications follows as established process in accordance with state law using a panel of three mental health providers not associated with the inmate to evaluate and make the determination. The treating psychiatrist and health care/mental health staff monitor for side effects to the medication. This psychiatrist has the authority to terminate the involuntary use on his/her medical judgment. There is a designated unit for mentally ill inmates. Placement in these units uses informed consent procedures. Mental health staff conducts group counseling on the following topics: thinking errors, domestic violence victim and abuser, anger management, parenting, and substance abuse education. In addition, they address all mental health crises and provide suicidal assessment and determine monitoring needs using the Columbia Suicide Severity Rating.

**Outcome measures:**

Five grievances found in favor of the offender: delay in received adequate footwear; delay in x ray being reviewed by provider; delay in appointment in outside provider; delay in seeing provider, no documentation of encounter; restriction written by nurse without order from provider. All were reviewed within their quality improvement meeting and correction action taken.

**Recreation:**

The McPherson Unit provides a variety of recreational opportunities for the inmate population. The recreation program is supervised by one recreation supervisor. Correctional officers provide assistance as needed on the weekends and with larger events. The facility has an indoor gymnasium with two basketball courts as well as a large outdoor recreation field. Indoor activities include basketball and shuffle board. Outdoor activities include basketball, softball, volleyball, and horseshoes. There is a community-based program known as "Dance 2 Be Free" in which volunteers teach contemporary dancing to inmate participants. The recreation department schedules special holiday events during major holidays such as Thanksgiving and Christmas.

**Religious Programming:**

The McPherson Unit provides a variety of religious services to the inmate population. The chaplain coordinates religious services from a variety of various faith groups. The chaplain is assisted by two certified volunteer chaplains who assist in the delivery of religious services. There are currently 35 certified community volunteers who actively participate in religious programming at the facility. Faith groups represented include Church of Christ, Jehovah's Witness, and a non-denominational worship and bible study program. This department coordinates 'The Storybook Project' under which inmates read stories to their children. Books for this project are supplied by the Cherokee Village Lutheran Church. A collection of religious materials and pamphlets are available for inmates who wish to pursue additional study.

**Offender Work Programs:**

The McPherson Unit affords inmates an opportunity to work in some of the major operational areas of the facility. There are work opportunities in such areas as food service, janitorial, laundry and building clean-up. Work performance is taken into consideration when assessing each inmate's level of adjustment to the facility. All work assignments are structured in such a manner as to provide basic work skills that may assist inmates in obtaining employment upon release.

The facility maintains an industries program operated by Semah Tronix, a private manufacturer of cable assemblies and wire harnesses. At the time of the audit there were 44 inmates assigned to the industries program.

**Academic and Vocational Education:**

Inmates who do not possess a high school diploma are required to participate in educational programming leading to the General Education Development (GED) certificate. There are provisions to waive this requirement for cause through the classification system. Under state guidelines, the Arkansas DOC is designated as a school district. The educational programming is supervised by one school principal and delivered by five academic teachers. At the time of the audit there were 88 GED graduates during this academic year.

The facility offers vocational programs in Computerized Accounting, Cosmetology, Horticulture, and Office Technology through the Riverside Vocational/Technical School.

**Social Services:**

The McPherson Unit utilizes a standardized departmental classification system in which inmates are assigned a custody level based on a number of weighted risk-based variables such as nature and severity of the crime, prior criminal history, age, adjustment to the facility, and history of escape.

The facility provides a 40 bed Residential Programs Unit (RPU) for inmates with long-term mental health needs. Staff assigned to this unit receives specialized training conducted by mental health staff.

The McPherson Unit provides a substance abuse treatment program (SATP) which follows a therapeutic community treatment model. The SATP program is divided into three phases to include orientation and education, comprehensive treatment and relapse prevention. The program is 9-12 months in duration. The primary goal of the program is to eliminate negative patterns of behavior, thinking, and feelings that predispose the participant toward substance abuse. The program utilizes the dynamics of peer group culture as a teaching and training tool to further program objectives.

The McPherson Unit offers an impressive program titled “Think Legacy Program.” This program focuses on reducing recidivism by promoting social skill development, job readiness skills, awareness of community resources, and interaction with community-based mentors who will assist participants upon release.

Additional programming opportunities are available in anger management and sex offender treatment.

#### **Visitation:**

The McPherson Unit has a designated visiting area to afford inmates an opportunity to maintain ties with family members and the community. The visiting room is designed to facilitate both contact and non-contact visits and is equipped with six non-contact visiting booths. All visitors are pre-screened to ensure they meet DOC visitation guidelines. The visitation schedule is weekends only. Special provisions may be made for visitors traveling an excessive distance to the facility. In addition, special accommodations may be made for attorneys, clergy, and other non-routine visitors.

#### **Library Services:**

The McPherson Unit maintains a centralized library with the schedule encompassing a seven-day-per week schedule. The schedule also includes evening hours.

The circulated materials are varied and include works of fiction and non-fiction for leisure-time reading as well as topics of special interests. There are some newspapers available.

A law library is maintained in conjunction with regular library services. The law library is equipped with a Lexis Nexis computer terminal to assist inmates in conducting electronic legal research. This system is supplemented by computer tablets that may be utilized to access an electronic legal research data base.

The computerized systems are supplemented with some hard copy legal materials specific to the Arkansas legal system.

### **Laundry:**

The McPherson Unit provides a centralized laundry operation which is located within the secure compound. At the time of the audit there were 25 inmates assigned to the laundry detail. The inmates on the laundry detail were under the supervision of one staff member. There is a designated schedule for laundry and bedding.

The laundry is equipped with five high-capacity washers, five high-capacity dryers, and two presses. The accountability systems for tools and chemicals in the laundry worked well. Inventory and issuance records were checked and found to be accurate. Inspection of the dryer lint traps indicated that the traps were being properly emptied and maintained.

## **F. Examination of Records**

Following the tour, the team proceeded to a work area which had been set up in a conference room near Warden Bradley's office in the administration section. After a brief discussion of each team member's observations from the tour, the accreditation files were reviewed and the compliance levels of the policies and procedures were evaluated.

The files were maintained in an electronic format which was efficient and user-friendly.

The files were well-organized and properly highlighted. The documentation utilized to support each file was sufficient to satisfy the requirements of most of the standards. This assessment yielded a compliance score of 100% for the applicable mandatory standards and 99.7 % for the applicable non-mandatory standards. The facility had zero notices of non-compliance with local, state, or federal laws or regulations.

### **1. Litigation**

Over the last three years, the facility had zero consent decrees, class action lawsuits or adverse judgments.

### **2. Significant Incidents/Outcome Measures**

The Significant Incident Summary and Outcome Measures Worksheet were both reviewed by the visiting committee. The Significant Incident Summary covered a time frame beginning April 1, 2017 and ending March 31, 2018. The committee noted there were no reportable incidents for the reporting period. In the view of the visiting committee this was reflective of the McPherson Unit as being safe, secure, and well-managed.

Significant relevant factors which were considered when reviewing this data included the number of inmates housed at the facility, the varying lengths of sentences served by inmates at the facility, the variety of custody/classification levels of inmates at the facility, the age of the physical plant, and the staffing pattern of the facility.

The Healthcare Outcome Measure Worksheet was also reviewed by the committee. The Healthcare Outcome Measure Worksheet covered a reporting period beginning April 1, 2017 and ending March 31, 2018.

The outcome measures appeared to be appropriate for the population of McPherson Unit. Relevant factors which were taken into consideration when reviewing this data included the age of the population, the number of offenders receiving mental health treatment, and the range of custody/classification levels of the offender population.

### 3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Administration	Antoinette Bradley, Warden John Herrington, Deputy Warden
Accreditation	Sandra Kennedy, Agency Accreditation Manager Virginia Robins, Facility Accreditation Manager
Fire Safety	Linda Gibson, Agency Fire Safety Coordinator David Sherman, Corporal
Medical Department Rehabilitation Services Director	Joseph Hughes, MD Lori Reeves, Rehabilitation Services.
Security/Operations	Linda Lewis, Major David McClusky, Lieutenant
Armory	Chase Hayden, Corporal
Maintenance	Larry Bailey, Maintenance Supervisor
Human Resources	Jalesia Hearyman, Human Resources Assistant
Fiscal Operations/Business Education	Rhonda Webb, Business Manager Tracy Dowell, Principal

#### 4. Shifts

##### a. Day Shift

On day one of the audit, the team was present at the facility on the day shift from 12:10 p.m. until 5:45 p.m. On day two of the audit, the team was present at the facility on the day shift from 8:30 a.m. until 5:45 p.m. On day three of the audit the team was present on the day shift from 8:26 a.m. to 12:20 p.m. During the day shift, the committee observed the security posts functions, health care services, work programs, control center operations, activities within the living units, food service, mail room operations, and administrative functions.

##### b. Evening Shift

On day one of the audit, the team was present at the facility on the evening shift from 5:45 p.m. until 6:20 p.m. On day two of the audit the team was present on the evening shift from 5:45 p.m. until 6:11 p.m. Security posts visited included the central control center, the entry station, and various inmate housing units.

#### 5. Status of Previously Non-compliant Standards/Plans of Action

This was an initial audit. There were no previously non-compliant standards or plans of action.

### **G. Interviews**

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

#### 1. Offender Interviews

Members of the visiting committee interviewed or spoke with approximately 45 inmates during the course of the audit. During the tour several residents approached a member of the audit team to express concerns regarding mold in the shower area. Upon further inquiry it was determined that there was no mold in the area although there some was some slight discoloration on the shower curtains that the residents had mistaken for mold. There were no major complaints about the conditions of confinement at the facility. The vast majority of the inmates interviewed indicated that they were generally satisfied with their treatment at the facility. A number of inmates were appreciative of the cleanliness of the facility. Many of the inmates spoke highly of the facility in general. Several inmates expressed appreciation that the rules and regulations were consistently and fairly enforced. The committee felt that inmate morale was good.



## 2. Staff Interviews

Members of the visiting committee interviewed or spoke with approximately 30 staff members during the course of the audit. Comments were favorable regarding working conditions at the facility. The staff was also complimentary of the facility executive team and the supervisory staff.

During the course of the tour and subsequent revisits to the various departments and buildings, the staff was eager to showcase their assigned areas and answer any questions raised by members of the visiting committee.

The staff of the McPherson Unit displays a sense of pride at the work they do and a sense of commitment and dedication to the corrections profession.

The vacancy rate at the facility continues to be an on-going challenge but the facility has made significant strides towards recruiting new staff and retaining existing staff. The staff appreciate the importance of teamwork and stand ready and willing to help fellow staff members should the need arise. The committee observed that there was a significant number of staff who was long-term employees with substantial experience. In general, the committee felt staff morale was very good.

## H. Exit Discussion

The exit interview was held at 11:00 a.m. in the visiting room with the Warden Antoinette Bradley and 39 staff in attendance.

The following persons were also in attendance:

Wendy Kelly, Director, Arkansas DOC

Dale Reed, Chief Deputy Director, Arkansas DOC

Dexter Payne, Deputy Director, Arkansas DOC

Mark Cashion, Deputy Director, Arkansas DOC

Rory Griffin, Deputy Director, Arkansas DOC

Sandra Kennedy, Agency Accreditation Manager

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

AMERICAN CORRECTIONAL ASSOCIATION  
AND THE  
COMMISSION ON ACCREDITATION FOR CORRECTIONS

<b>COMPLIANCE TALLY</b>
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<b>Manual Type</b>	Adult Correctional Institutions, Fourth Edition	
<b>Supplement</b>	2016 Standards Supplement	
<b>Facility/Program</b>	McPherson Unit	
<b>Audit Dates</b>	April 11 - 13, 2018	
<b>Auditor(s)</b>	Joseph Rion, Chairperson, Richard Arbasak, Member; Amy Fairbanks, Member	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	61	468
Number Not Applicable	0	23
Number Applicable	61	445
Number Non-Compliance	0	1
Number in Compliance	61	444
Percentage (%) of Compliance	100	99.77
<ul style="list-style-type: none"> <li>• Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</li> <li>• Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</li> <li>• Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</li> </ul>		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Correction  
McPherson Unit  
Newport, Arkansas

April 11 - 13, 2018

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:

At the time of the audit the average vacancy rate was 13.96% over the past 18 months.

AGENCY RESPONSE:

Plan of Action

We will challenge the staff at the McPherson Unit to recruit prospective employees. We will also extend an open opportunity once a week for applicants to become potential new employees by directly visiting the McPherson Unit Compound. The McPherson Unit employees will also form a recruitment team that will work diligently and consistently to assist the unit with recruitment efforts through various methods such as conducting quarterly job fairs in the community. The Arkansas Department of Correction has a website ([www.state.ar.us/doc](http://www.state.ar.us/doc)) that lists all available jobs and an on-line application process to aid all interested parties in seeking employment at the ADOC.

Task

- a. Retain Staff
- b. Process Available Applicants
- c. Mentor all Staff in developing the skills needed for a career with the ADOC

Responsible Agency

- a. Human Resource Administrator
- b. Human Resource Staff
- c. Warden and Human Resource Manager

Assigned Staff

- a. Human Resource Administration Staff
- b. Unit Human Resource Manager
- c. Unit Recruitment Team

Anticipated Completion Date

ACA Audit 2021 or sooner

AUDITOR'S RESPONSE:

The committee agrees with the plan of action. The facility will be actively involving various levels of staff in recruiting potential new employees. Additionally, the facility will be reaching out to the community by inviting potential applicants to the facility on a regular basis and scheduling job fairs within the community.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Correction  
McPherson Unit  
Newport, Arkansas

April 11 - 13, 2018

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**Standard 4-4059**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT EMPLOYEES COVERED BY MERIT SYSTEMS, CIVIL SERVICE REGULATIONS, OR UNION CONTRACT ARE APPOINTED INITIALLY FOR A PROBATIONARY TERM OF AT LEAST SIX MONTHS BUT NO LONGER THAN ONE YEAR.

FINDINGS:

Employees at the McPherson Unit are not covered by merit systems, civil service regulations, or union contracts.

**Standard 4-4137-1**

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24-HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF 1 FOR EVERY 12 INMATES IN MALE FACILITIES AND 1 FOR EVERY 8 INMATES 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.

FINDINGS:

The McPherson Unit is not a “New Construction after June 2014” facility. The facility opened in 1998.

**Standard 4-4138-1**

(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.

FINDINGS:

The McPherson Unit is not a “New Construction after June 2014” facility. The facility opened in 1998.

**Standard 4-4139-1**

(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.

FINDINGS:

The McPherson Unit is not a “New Construction after June 2014” facility. The facility opened in 1998.

**Standard 4-4147-2**

(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.

FINDINGS:

The McPherson Unit is not a “New Construction or Renovation after June 1, 2014” facility. The facility opened in 1998.

**Standard 4-4181**

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

FINDINGS:

The McPherson Unit houses female offenders only.

**Standard 4-4190-1**

WRITTEN POLICY, PROCEDURE AND PRACTICE, IN GENERAL, PROHIBIT THE USE OF RESTRAINTS ON FEMALE OFFENDERS DURING ACTIVE LABOR AND THE DELIVERY OF A CHILD. ANY DEVIATION FROM THE PROHIBITION REQUIRES APPROVAL BY, AND GUIDANCE ON, METHODOLOGY FROM THE MEDICAL AUTHORITY AND IS BASED ON DOCUMENTED SERIOUS SECURITY RISKS. THE MEDICAL AUTHORITY PROVIDES GUIDANCE ON THE USE OF RESTRAINTS ON PREGNANT OFFENDERS PRIOR TO ACTIVE LABOR AND DELIVERY.

FINDINGS:

The McPherson Unit does not house pregnant inmates.

**Standard 4-4208**

WHERE A CANINE UNIT EXISTS, POLICY, PROCEDURE, AND PRACTICED PROVIDE THE FOLLOWING:

- A MISSION STATEMENT, INCLUDING GOALS AND OBJECTIVES
- EMERGENCY PLANS THAT ARE INTEGRATED INTO THE OVERALL EMERGENCY PLANS OF THE FACILITY

FINDINGS:

The McPherson Unit does not maintain a canine unit.

**Standard 4-4209**

WHERE A CANINE UNIT EXISTS, POLICY, PROCEDURE, AND PRACTICE FOR TRAINING OF HANDLERS/DOG TEAMS AND UPKEEP AND CARE OF THE ANIMALS PROVIDE FOR THE FOLLOWING:

- CRITERIA FOR SELECTION, TRAINING, AND CARE OF ANIMALS
- CRITERIA FOR SELECTION AND TRAINING REQUIREMENTS OF HANDLERS
- AN APPROVED SANITATION PLAN WHICH COVERS INSPECTION, HOUSING, TRANSPORTATION, AND DAILY GROOMING FOR DOGS

EACH HANDLER/DOG TEAM SHOULD BE TRAINED, CERTIFIED, AND RE-CERTIFIED ANNUALLY BY A NATIONALLY RECOGNIZED ACCREDITING BODY OR A COMPARABLE INTERNAL TRAINING AND PROFICIENCY TESTING PROGRAM.

FINDINGS:

The McPherson Unit does not maintain a canine unit.

**Standard 4-4210**

WHERE A CANINE UNIT EXISTS, POLICY, PROCEDURE, AND PRACTICE PROVIDE DAILY AND CURRENT RECORDS ON TRAINING, CARE OF DOGS, AND SIGNIFICANT EVENTS.

FINDINGS:

The McPherson Unit does not maintain a canine unit.

**Standard 4-4278**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT MALE AND FEMALE INMATES HOUSED IN THE SAME INSTITUTION HAVE SEPARATE SLEEPING QUARTERS BUT EQUAL ACCESS TO ALL AVAILABLE SERVICES AND PROGRAMS. NEITHER SEX IS DENIED OPPORTUNITIES SOLELY ON THE BASIS OF THEIR SMALLER NUMBER IN THE POPULATION.

FINDINGS:

The McPherson Unit houses female offenders only.

**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:

The McPherson Unit does not house youthful offenders.

**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:

The McPherson Unit does not house youthful offenders.

**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:

The McPherson Unit does not house youthful offenders.

**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:

The McPherson Unit does not house youthful offenders.

**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:

The McPherson Unit does not house youthful offenders.

**Standard 4-4312**

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

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

- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDINGS:

The McPherson Unit does not house youthful offenders.

**Standard 4-4353-1**

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.

FINDINGS:

The McPherson Unit does not have a program under which nursing infants are allowed to remain with their mothers.

**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:

The McPherson Unit employs qualified health care staff.

**Standard 4-4391**

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

FINDINGS:

The McPherson Unit does not utilize volunteers to deliver health care.

**Standard 4-4392**

IF THE FACILITY PROVIDES HEALTH CARE SERVICES, THEY ARE PROVIDED BY QUALIFIED HEALTH CARE STAFF WHOSE DUTIES AND RESPONSIBILITIES ARE GOVERNED BY WRITTEN JOB DESCRIPTIONS, CONTRACTS, OR WRITTEN AGREEMENTS APPROVED BY THE HEALTH AUTHORITY. VERIFICATION OF CURRENT CREDENTIALS AND JOB DESCRIPTIONS ARE ON FILE IN THE FACILITY.

FINDINGS:

The McPherson Unit does not utilize students, interns, or residents to deliver health care.

**Standard 4-4461-1**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT, CONSISTENT WITH THE LAWS AND LEGAL PRACTICES WITHIN THE JURISDICTION, RESTITUTION IS COLLECTED AND ULTIMATELY MADE AVAILABLE TO THE VICTIMS OF CRIME AND/OR THEIR SURVIVORS. WHERE SUPPORTED BY STATUTE, AND FEASIBLE, VICTIM AWARENESS CLASSES ARE OFFERED TO HELP OFFENDERS UNDERSTAND THE IMPACT OF THEIR CRIMES ON THE VICTIMS, THEIR COMMUNITIES, AND THEIR OWN FAMILIES.

FINDINGS:

Under Arkansas law the Arkansas Department of Correction is not involved in collecting or distributing restitution.

**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:

The McPherson Unit does not maintain a program under which inmates are employed in the community by public or private organizations.

### Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

**Facility Name:** McPherson Unit

**Reporting Period:** 2017-2018

0	Months	April 17	May 17	June 17	July 17	Aug. 17	Sept. 17	Oct. 17	Nov.17	Dec. 17	Jan.18	Feb.18	Mar.18	Total for Reporting Period
	➔	April 17	May 17	June 17	July 17	Aug. 17	Sept. 17	Oct. 17	Nov.17	Dec. 17	Jan.18	Feb.18	Mar.18	
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	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	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
Non-Compliance with Mandatory Standard* <sup>a</sup>		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0							0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

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



**McPherson Correction Facility** April 1, 2017-March 31, 2018

		<b>Health Care Outcomes</b>		
<b>Standard</b>	<b>Outcome Measure</b>	<b>Numerator/Denominator</b>	<b>Value</b>	<b>Calculated O.M.</b>
<b>1A</b>	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months	5	
	divided by	The average daily population	968	0.0052
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months	0	
	divided by	Average daily population	968	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	16	
	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	603	0.0026
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months	5	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months	10	0.500
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time	168	
	divided by	Total offender population at that time	968	0.1745
	(6)	Number of offenders diagnosed with HIV infection at a given point in time	4	
	divided by	Total offender population at that time	968	0.0041
	(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time	2	
	divided by	Total number of offenders diagnosed with HIV infection at that time	4	0.50
	(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	1	

	divided by	Total number of treated offenders with HIV infection that were reviewed	4	0.25
(9)		Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time	168	
	divided by	Total offender population at that time	968	0.1735
(10)		Number of offender admissions to off-site hospitals in the past twelve (12) months	28	
	divided by	Average daily population.	968	0.0289
(11)		Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	48	
	divided by	Average daily population in the past twelve (12) months	968	0.0495
(12)		Number of offender specialty consults completed during the past twelve (12) months	1527	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months	1842	1.206
(13)		Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	2	
	divided by	Total number of offenders with hypertension who were reviewed	25	0.08
(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	4	
	divided by	Total number of diabetic offenders who were reviewed	25	0.16
(15)		The number of completed dental treatment plans within the past twelve (12) months	2422	
	divided by	the average daily population during the reporting period	968	2.50
<b>2A</b>	(1)	Number of health care <i>staff</i> with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period	41	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	21	
	divided by	Number of new health care staff during the twelve (12) month period	14	2.93
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	2	

	divided by	Number of employees	35	0.0571
	(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	32	0
<b>3A</b>	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	6	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months	82	0.0731
	(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	1	0
<b>4A</b>	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	4	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period	2	2.0
	(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	5	
	divided by	Average daily population	968	0.0052
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	968	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	1	
	divided by	Total number of deaths in the same reporting period.	1	1
	(6)	Number of serious medication errors in the past twelve (12) months	0	