

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DURHAM COUNTY DETENTION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 219 SOUTH MANGUM STREET DURHAM, NC 27701
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
J 000	<p>10A NCAC 14J Initial Comments</p> <p>Chris Wood conducted the compliance investigation.</p> <p>This compliance investigation was conducted as per 10A NCAC 14J JAILS, LOCAL CONFINEMENT FACILITIES Rules. This building was approved for use in 1996 under North Carolina State Building Code (NCSBC) 1991 with an occupancy classification of Group I-3. The jail design capacity is 672 male beds and 64 female beds with a total design capacity of 736 beds. The investigation began at 8:30 am and ended at 11:00 am.</p> <p>A Report of Inmate Death was received by the Construction Section on March 23, 2017. This compliance investigation was conducted in the death of inmate Uniece Fennell that occurred on March 23, 2017. A Report of Inmate Death dated March 23, 2017 indicated that the inmate was found in distress at 2:48 am on March 23, 2017. The report indicated the time of death was 3:40 am on March 23, 2017 in the jail. The report also indicated that the manner of death was suicide with a bed sheet.</p> <p>The deficiencies determined during the investigation are as follows:</p>	J 000		
J 34	<p>10A NCAC 14J .0601 (a) Supervision</p> <p>(a) Officers shall make supervision rounds and directly observe each inmate in person at least twice per hour on an irregular basis. The supervision rounds shall be documented. If remote electronic monitoring is used to supplement supervision, it shall not be substituted for supervision rounds and direct visual observation.</p>	J 34		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DURHAM COUNTY DETENTION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 219 SOUTH MANGUM STREET DURHAM, NC 27701
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
J 34	<p>Continued From page 1</p> <p>History Note: Authority G.S. 153A-221; Eff. October 1, 1990; Amended Eff. June 1, 1992.</p> <p>This Rule is not met as evidenced by: Based on staff interview and records review on the morning of March 29, 2017, documented supervision rounds were not made as required by this Rule.</p> <p>Findings Include: Interview of staff indicated the following: that the inmate was housed in Pod 5 D, cell #41; that cell #41 is identified in the electronic supervision rounds as being between Checkpoints Station 5 and Station 6; and that the inmate was on a twice per hour direct observation watch. Interview further indicated that detention officers scan one Station, walk by the inmate's cell, and scan the other Station to complete a documented supervision round.</p> <p>Record review of the documented supervision rounds from 2:08 am on March 22, 2017 through 9:56 am on March 23, 2017 indicated the following: that on March 22, 2017, there was only one documented supervision round made during the 11:00 am, 12:00 pm, 8:00 pm, and 10:00 pm hour; that there were no documented supervision rounds made during the 2:00 pm and 5:00 pm hour; and that there was one Station scanned during the hours of 10:00 am, 1:00 pm, 3:00 pm, 4:00 pm, and 5:00 am on March 22, 2017 and during the 5:00 am hour on March 23, 2017.</p>	J 34		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DURHAM COUNTY DETENTION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 219 SOUTH MANGUM STREET DURHAM, NC 27701
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
J 36	Continued From page 2	J 36		
J 36	<p>10A NCAC 14J .0601 (c) Supervision</p> <p>(c) Officers shall directly observe, at least four times per hour, inmates who display the following behavior:</p> <ul style="list-style-type: none"> (1) physically hitting or trying to hit an officer; or (2) being verbally abusive; or (3) stating he will do harm to himself; or (4) intoxicated, as determined by a score of .15 on a breathalyzer or displaying slurred speech or smelling of alcohol or inability to control body movement; or (5) displaying erratic behavior such as screaming, crying, laughing uncontrollably, or refusing to talk at all. <p>In addition to displayed behavior, a previous record of a suicide attempt or a previous record of mental illness shall warrant observation at least four times per hour.</p> <p>History Note: Authority G.S. 153A-221; Eff. October 1, 1990; Amended Eff. June 1, 1992.</p> <p>This Rule is not met as evidenced by: Based on record review on the morning of March 29, 2017, the facility failed to place the inmate on a four times per hour direct observation watch as required by this Rule.</p> <p>Findings include: Record review of an undated written statement from the Officer working Pod 5D on March 23, 2017 indicated the following: that the officer was assigned to Pod 5A; that the officer had interaction with the inmate during the course of her shift; and that the inmate was observed standing by her cell door every time the officer passed by the cell. The record further</p>	J 36		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DURHAM COUNTY DETENTION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 219 SOUTH MANGUM STREET DURHAM, NC 27701
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
J 36	Continued From page 3 indicated the following: that during the 1:00 am hour the officer received a telephone call from another Pod officer; and that the other officer stated they were informed by an inmate that the inmate was talking about hurting herself. The record also indicated the following: that the officer made 2.5 rounds during the 1:00 am hour; that the officer checked on the inmate; that the inmate was standing by the cell door; and that the inmate informed the officer that she was ok. The statement indicated that the officer found the inmate hanging around 2:48 am. There was no record of the officer contacting her supervisor or contacting medical staff to report that there had been information received that the inmate had discussed harming herself.	J 36		