

### Mecklenburg County Sheriff's Office

700 East Fourth Street Charlotte, NC 28202

T (704) 336-2543 • F (704) 336-6118 www.mecksheriff.com Garry L. McFadden Sheriff

Rodney M. Collins Chief Deputy Sheriff

Telisa E. White Chief of Detention

Jason R. Beebe Chief Deputy Sheriff

#### **MEDIA ADVISORY**

February 10, 2022

**CONTACT:** Janet Parker Public Information Manager Janet.Parker@mecklenburgcountync.gov

O: (980) 314-5170

# MCSO Response to NCDHHS Supplemental Biannual Inspection and Complaint Investigation of the Mecklenburg County Detention Center

(CHARLOTTE, NC) –The Mecklenburg County Sheriff's Office continues to take corrective actions to maintain the safety and security of staff and residents at the Mecklenburg County Detention Center Central (MCDCC). Prior to the North Carolina Department of Health and Human Services inspection, MCSO began addressing staffing shortages at MCDCC by reducing the juvenile population and reallocating personnel from the Mecklenburg County Juvenile Detention Center to the MCDCC.

MCSO created a new specialized Tactical Response Unit (TRU) to address troublesome areas within the detention center and to enhance the safety and security of personnel and residents. This team of specially trained officers are tasked with mass searches, cell extractions, and deal with uncooperative and violent offenders. As a result of their efforts, contraband including homemade weapons have been found and confiscated within the facility and assaults have decreased.

MCSO has also implemented a new overtime policy to ensure adequate staff is inside the detention center to respond to requests or calls for assistance. Since the implementation of this policy, we have not had personnel working extended hours and have been able to operate much more efficiently because we have an adequate number of personnel.

Sheriff McFadden said, "We are continuing to proactively address all of the issues in the detention center and I'm really proud of the efforts being made by my staff and the collaborative approach by other key criminal justice stakeholders as we work through our staffing challenges."

On December 21, 2021, the North Carolina Department of Health and Human Services Division of Health Service Regulation (DHSR) Construction Section Jails and Detention Unit conducted a bi-annual inspection and a complaint investigation to determine compliance. In response to the inspection and investigation, the Mecklenburg County

| Sheriff's Office will continue taking corrective actions and will submit a plan of correction on each deficiency noted i |
|--|
| DHSR report received on February 9 <sup>th</sup> by the March 11, 2022, deadline as specified in their correspondence.   |

\*Please see NCDHHS findings attached



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 9, 2022

Gary McFadden, Sheriff (garry.mcfadden@mecklenburgcountync.gov)
Mecklenburg County
801 East 4<sup>th</sup> Street
Charlotte, NC 28202

Re: Supplemental Biannual Inspection and Complaint Investigation

#### Dear Sheriff McFadden:

On December 21, 2021, the Division of Health Service Regulation (DHSR) Construction Section Jails and Detention Unit, conducted a bi-annual inspection and a complaint investigation to determine compliance with 10A NCAC Subchapter 14J Jails, Local Confinement Facilities. This supplemental biannual inspection and complaint investigation found deficiencies whereby corrections are required. A copy of the report is enclosed for your attention. Please submit you plan of correction on each deficiency in this report to the office by March 11, 2022.

Your Plan of Correction must contain the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice.
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken.
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place.
- Include dates when correction action will be completed. The corrective action dates must be acceptable to the State.
- 1. Corrective action must begin immediately.
- 2. Any completion date greater than 60 days from date of survey requires written justification from the Sheriff.

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
info.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

#### Your Plan of Correction can be:

Mailed to: DHSR Construction Section 2705 Mail Service Center

Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions, please do not hesitate to call me at (919) 855-3893

Sincerely,

Chief Jail Inspector

Chris W. Wood

**DHSR-Construction Section** 

919-855-3893

**Enclosure** 

cc: Mr. George Dunlap, Chairman, Mecklenburg Board of Commissioner (george.dunlap@mecklenburgcountync.gov)

Ms. Dena Diorio, County Manager, Mecklenburg County (dena.diorio@mecklenburgcountync.gov)

Chief Telisa White, Detention Commander, Mecklenburg County (Telisa.white@mecklenburgcountync.gov)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   |   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|---|---|--|---|-------------------------------|--------------------------|
|   |   | 110646  | B. WING                                  |   | 02/0                          | 2/2022                   |
| NAME OF F   | PROVIDER OR SUPPLIER  | STREET ADI  | DRESS, CITY, S                           | STATE, ZIP CODE   | <u></u>                       | -                        |
| MECKLE  | NBURG COUNTY JA   | II - CENTRAI  | FOURTH ST                                |   |                               |                          |
| 0/4) ID   | CLIMMA DV CTA   | ATEMENT OF DEFICIENCIES   | TTE, NC 282                              |   |                               | ()(5)                    |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY  | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| J 00  | 00 Initial Comments   |   | J 00                                     |   |                               |                          |
|   |   | Jail Inspector, conducted the nual inspection and complaint   |  |   |                               |                          |
|   | complaint inspection NCAC 14J JAILS, IFACILITIES Rules. for use in 1994 und Building Code 1997 classification of Grocapacity is 1642 ma   | biannual jail inspection and on was conducted as per 10A LOCAL CONFINEMENT This building was approved ler North Carolina State 1 Edition with an occupancy oup I-3. The jail design ale beds and 262 female beds capacity of 1904 beds.   |  |   |                               |                          |
|   | As referenced in the December 23, 2021 letter, the survey and investigation included review of the documents and records that were provided during the December 21, 2021 on-site visit and additional documents and records provided through February 2, 2022 for review. The supplemental biannual and complaint inspections were concluded on February 2, 2022 and the deficiencies noted are as follows: |   |  |   |                               |                          |
| J 36  | 10A NCAC 14J .06  | 01 (a) Supervision  | J 36                                     |   |                               |                          |
|   | rounds and observe<br>times within a 60 m<br>irregular basis with<br>between rounds. So<br>conducted 24 hours<br>supervision rounds<br>maintained as writte<br>These records shall<br>Construction Section<br>request. The supple<br>supervision specific   | e an officer make supervision e each inmate at least two inute time period on an not more than 40 minutes upervision rounds shall be s a day, 7 days per week. The shall be documented and en or electronic records. Il be made available to the on during an inspection upon emental methods of ed in Paragraph (b) of this titute for supervision rounds. |  |   |                               |                          |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:   |                      | (X3) DATE SURVEY<br>COMPLETED  |       |                          |
|--|--|--|----------------------|--|-------|--------------------------|
|  |  | 110646   | B. WING              |  | 02/0  | 2/2022                   |
| NAME OF  | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S       | STATE, ZIP CODE  |       |                          |
| MECKLE   | ENBURG COUNTY JA   | II - CENTRAI   | FOURTH STITE, NC 282 |  |       |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE | (X5)<br>COMPLETE<br>DATE |
| J 36   | Continued From pa  | age 1  | J 36                 |  |       |                          |
|  | History Note: Au<br>Eff. October 1, 199<br>Amended Eff. June<br>Readopted Eff. Sep   | 9 1, 1992;   |                      |  |       |                          |
|  | Based on staff inte<br>the morning of Dec<br>subsequent review   | et as evidenced by:<br>rview and records review on<br>cember 21, 2021, and<br>since that date, the<br>are not being conducted as<br>le.  |                      |  |       |                          |
|  | following: -The documented swere selected by the The documented crecord for several creviewed; -The documented shovember 25, 202 November 27, 202 November 29, 202 December 4, 2021 December 6, 2021 December 11, 202 December 13, 202 -The documented crecords were reviewed. | electronic supervision rounds dates and areas were supervision rounds record for 1, November 26, 2021, 1, November 28, 2021, 1, December 3, 2021, 1, December 5, 2021, 1, December 10, 2021, 1, December 12, 2021, and 1; and electronic supervision rounds wed for compliance with the direct observation watch |                      |  |       |                          |
|  | 3640d:<br>-There was only on   | 2021 for Pod 3600 checkpoint ne documented supervision uring the 8:00 am and 11:00   |                      |  |       |                          |

6899

Division of Health Service Regulation STATE FORM

ODCJ11 If continuation sheet 2 of 15

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | ' '   | E CONSTRUCTION             |  | SURVEY<br>PLETED                 |                          |
|---|--|---|----------------------------|--|----------------------------------|--------------------------|
|   |  |   | A. BUILDING.               |  |                                  |                          |
|   |  | 110646  | B. WING                    |  | 02/                              | 02/2022                  |
| NAME OF   | PROVIDER OR SUPPLIER   | STREET AD   | DRESS, CITY, S             | STATE, ZIP CODE  |                                  |                          |
| MECKLE  | NBURG COUNTY JA  | II - CENTRAI  | T FOURTH ST<br>TTE, NC 282 |  |                                  |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| J 36  | Continued From pa  | ige 2   | J 36                       |  |                                  |                          |
|   |  | cumented supervision rounds<br>ne 9:00 am and the 10:00 am  |                            |  |                                  |                          |
|   | 3630d:<br>-There was only or   | 2021 for Pod 3600 checkpoint ne documented supervision  |                            |  |                                  |                          |
|   | am hours; and  | uring the 8:00 am and 11:00   |                            |  |                                  |                          |
|   |  | cumented supervision rounds<br>ne 9:00 am and the 10:00 am  |                            |  |                                  |                          |
|   | am on November 2<br>6120a:<br>For November 26,<br>-There was only on<br>round conducted do<br>10:00 am, 11:00 an | e documented supervision<br>uring the 8:00 am, 9:00 am,<br>n, 3:00 pm, 4:00 pm, 5:00 pm,  |                            |  |                                  |                          |
|   | hoursThere were no doo   | 10:00 pm, and the 11:00 pm cumented supervision rounds ne 12:00 pm and the 2:00 pm  |                            |  |                                  |                          |
|   | 6120a:<br>-There was only on   | 2021 for Pod 6100 checkpoint e documented supervision uring the 1:00 am, 2:00 am, :00 am hours.   |                            |  |                                  |                          |
|   | am on November 2<br>6130a:<br>For November 26,<br>-There was only on<br>round conducted do<br>10:00 am, 11:00 an | vember 26, 2021 through 6:00<br>27, 2021 Pod 6100 checkpoint<br>2021:<br>e documented supervision<br>uring the 8:00 am, 9:00 am,<br>n, 12:00 pm, 2:00 pm, 3:00<br>pm, 7:00 pm, 9:00 pm, 10:00 |                            |  |                                  |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |   |                     | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|---|--|---|---------------------|--|-------------------|--------------------------|
|   |  | 110646  | B. WING             |  | 02/0              | 2/2022                   |
| NAME OF   | PROVIDER OR SUPPLIER   |   |                     | STATE, ZIP CODE  |                   |                          |
| MECKLE  | MECKLENBURG COUNTY JAIL- CENTRAL CHARL   |   |                     | FREET<br>202   |                   |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE             | (X5)<br>COMPLETE<br>DATE |
| J 36  | Continued From pa  | ge 3  | J 36                |  |                   |                          |
|   |  | om hours.<br>cumented supervision rounds<br>ne 1:00 pm and the 8:00 pm  |                     |  |                   |                          |
|   | 6130a:<br>-There was only on   | e documented supervision uring the 1:00 am, 2:00 am,  |                     |  |                   |                          |
|   | 3625a: -There was only on round conducted du 2:00 pm, and the 3: -There were no doo                                    | 2021 for Pod 3600 checkpoint e documented supervision uring the 9:00 am, 11:00 am, 00 pm hours. cumented supervision rounds ne 12:00 pm and the 1:00 pm |                     |  |                   |                          |
|   | 6:00 am on Novem checkpoint 5855b: For November 28, 2. There was only on round conducted du 2:00 pm, 3:00 pm, 4 hours. | e documented supervision<br>uring the 9:00 am, 11:00 am,<br>4:00 pm, and the 9:00 pm<br>cumented supervision rounds                                     |                     |  |                   |                          |
|   | round conducted du<br>4:00 am, and the 6:<br>-There were no doc<br>conducted during th                                 | e documented supervision uring the 12:00 am, 2:00 am, 00 am hours. cumented supervision rounds ne 5:00 am hour.   |                     |  |                   |                          |
|   |  | 021 from 8:00 am through<br>ber 4, 2021 for Pod 2210:   |                     |  |                   |                          |

Division of Health Service Regulation

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| STATEMENT OF<br>AND PLAN OF C                               | F DEFICIENCIES<br>CORRECTION  | (X1) PROVIDER/SUPI<br>IDENTIFICATION   |  | (X2) MULTIPL<br>A. BUILDING:                | E CONSTRUCTION  |                                   | E SURVEY<br>PLETED       |
|---|---|--|--|---|---|-----------------------------------|--------------------------|
|   |   | 110646   |  | B. WING                                     |   | 02/                               | 02/2022                  |
|   | VIDER OR SUPPLIER   | IL- CENTRAL  | 801 EAST   | DRESS, CITY, ST<br>FOURTH ST<br>TTE, NC 282 |   |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG                                    | (EACH DEFICIENCY  | TEMENT OF DEFICIEN<br>/ MUST BE PRECEDED<br>SC IDENTIFYING INFOR   | BY FULL  | ID<br>PREFIX<br>TAG                         | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIENC | ΓΙΟΝ SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| For any and any and any | und conducted du d the 6:00 pm ho here were no doo nducted during the or December 3, 20 here was only on und conducted during the or December 3, 20 here was only on und conducted during the or December 3, 20 here were no doo nducted during the or December 3, 20 here was only on und conducted during the or December 3, 20 here was only on und conducted during the or December 3, 20 here were no doo nducted during the or December 3, 20 here was only on und conducted during the or December 3, 20 here was only on und conducted du or December 3, 20 here was only on und conducted du or December 3, 20 here was only on und conducted du or December 3, 20 here was only on und conducted du or December 3, 20 here was only on und conducted du or December 3, 20 here was only on und conducted during the or December 5, 20 | obline documented supervisions and 1:00 pm hour.  obline 1:00 pm hour. | 5:00 pm, sion rounds rough 6:00 20: pervision and the 7:00 sion rounds rough 6:00 00 pervision and the 5:00 sion rounds rough 6:00 pervision and the 5:00 sion rounds rough 6:00 the first sion and the 5:00 sion rounds rough 6:00 the first sion and the 5:00 the first sion and the 5:0 | J 36  |   |                                   |                          |

Division of Health Service Regulation

STATE FORM 6899 ODCJ11 If continuation sheet 5 of 15

| STATEMEN                          | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | ` ′                  | E CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|-----------------------------------|--|---|----------------------|---|-------------------|--------------------------|
|                                   |  | 110646  | B. WING              |   | 02/0              | 2/2022                   |
| NAME OF I                         | PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S       | STATE, ZIP CODE   |                   |                          |
| MECKLENBURG COUNTY JAIL - CENTRAL |  |   | FOURTH STITE, NC 282 |   |                   |                          |
| (X4) ID<br>PREFIX<br>TAG          | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |
| J 36                              | round conducted du 4:00 pm, 6:00 pm, a -There were no doc conducted during th  For December 6, 20 -There was only on round conducted du and the 6:00 am ho  For December 10, 2 6:00 am on Decem checkpoint 4625d: For December 10, 2 -There was only on round conducted du 5:00 pm, and the 6: -There were no doc conducted during th  For December 11, 2 -There was only on round conducted du 6:00 am hours.  For December 12, 2 December 13, 202 checkpoint 5625d: For December 12, 2 -There was only on round conducted du 10:00 am, 11:00 am pm, 8:00 pm, and ti -There were no doc conducted during th | e documented supervision uring the 8:00 am, 11:00 am, and the 9:00 pm hours. Sumented supervision rounds he 3:00 pm hour.  2021: e documented supervision uring the 12:00 am, 4:00 am, burs.  2021 from 7:00 am through ber 11, 2021 for Pod 4600  2021: e documented supervision uring the 7:00 am, 4:00 pm, 00 pm hours. Sumented supervision rounds he 3:00 pm hour.  2021: e documented supervision rounds he 3:00 pm hour.  2021: e documented supervision uring the 12:00 am, and the  2021 from 7:00 am through 1 at 6:00 am for Pod 5600  2021: e documented supervision uring the 7:00 am, 9:00 am, 1, 12:00 pm, 1:00 pm, 7:00 | J 36                 |   |                   |                          |
|                                   | For December 13.   | 2021·   |                      |   |                   |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER: |  |   | , ,                 | E CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|---|--|---|---------------------|---|-------------------|--------------------------|
|   |  | 110646  | B. WING             |   | 02/0              | 2/2022                   |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET AD   | DRESS, CITY, S      | STATE, ZIP CODE   |                   |                          |
| MECKLE  | NBURG COUNTY JA  | II - CENTRAI  | FOURTH ST           |   |                   |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |
| J 36  | round conducted duand the 6:00 am hor-There were no docconducted during the 4:00 am hours.  For December 12, 5:00 am on December 12, 5:00 am on December 12, 5:00 am on Conducted during the 10:00 am, 11:00 am, and the 11:00 pm hor-There were no docconducted during the pm, 5:00 pm, 9:00 pm, 5:00 pm, 9:00 pm, 5:00 am hor-There were no docconducted during the 5:00 am hor-There were no docconducted during the 10:00 am, 10:00 am | e documented supervision uring the 12:00 am, 5:00 am ours. Cumented supervision rounds the 1:00 am, 3:00 am, and the 2021 from 7:00 am through ber 13, 2021 for Pod 5600 2021:  e documented supervision uring the 7:00 am, 9:00 am, n, 1:00 pm, 7:00 pm, 8:00 pm, nours. Cumented supervision rounds the 8:00 am, 12:00 pm, 2:00 pm, and the 10:00 pm hours. 2021:  e documented supervision rounds the 3:00 am, 1:00 am, pours: Cumented supervision rounds the 3:00 am and the 4:00 am  2021 at 7:00 am through 6:00 an, 2021 for Pod 5600  2021:  e documented supervision rounds the 3:00 am, 9:00 am, 9:00 am, n, 12:00 pm, 1:00 pm, 4:00 pm, and the 11:00 pm hours. Cumented supervision rounds the 8:00 am, 2:00 pm, 5:00 pm, 0:00 pm hours. | J 36                |   |                   |                          |
|   | For December 13,   | 2021:   |                     |   |                   |                          |

6899

Division of Health Service Regulation STATE FORM

|                          | NT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPL<br>A. BUILDING:                     | E CONSTRUCTION  |                                | SURVEY<br>PLETED         |
|--------------------------|---|---|--|---|--------------------------------|--------------------------|
|                          |   | 110646  | B. WING  |   | 02/                            | 02/2022                  |
|                          | PROVIDER OR SUPPLIER  | II - CENTRAI 801 EAS  | ADDRESS, CITY, S<br>ST FOURTH ST<br>OTTE, NC 282 | TREET   |                                |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                              | PROVIDER'S PLAN OF (<br>(EACH CORRECTIVE ACTI<br>CROSS-REFERENCED TO TI<br>DEFICIENCY | ON SHOULD BE<br>HE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| J 36                     | round conducted du 5:00 am, and the 6: -There were no doc conducted during 3 hours.  Staff interview and documented electrorecord, Shift Log Er Central Lineup" she of major incidents the 2021 through Dece following: -Major incidents occ 15, 2021, May 3, 20 October 9, 2021, October 9, 2021, Poccember 5, 2021, reviewed for complisupervisionAll incidents were reper hour direct obse-Staff stated that fur detention staff per service for March 9, 2021-a weaponDay shift operated operated 13 staff shocumented super through 6:00 pm weaponThere was only on round conducted du 10:00 am, 11:00 am 4:00 pm hours. | e documented supervision uring the 12:00 am, 1:00 am, 00 am hours. Sumented supervision rounds:00 am and the 4:00 am  Records review of the onic supervision rounds try Reports, and the "Jail sets for the dates and location hat occurred from March 9, mber 9, 2021 indicated the curred on March 9, 2021, Apro21, September 4, 2021, ctober 17, 2021, November 22, 2021, December 3, 2021, and December 9, 2021 were tance with the Rule related to reviewed under the two times ervation watch requirements. Illy staffed would be 80 shift.  Pod 5900-Assault on staff with 5 staff short of 80-Night shift nort of 80. rvision rounds from 7:00 am are reviewed; e documented supervision uring the 7:00 am, 8:00 am, 1, 1:00 pm, 2:00 pm, and the | il<br>,  |   |                                |                          |
|                          | injuries.   | Pod 6100-Assault of staff with<br>12 staff short of 80-Night shi  |  |   |                                |                          |

Division of Health Service Regulation

STATE FORM 6899 ODCJ11 If continuation sheet 8 of 15

|                          | NT OF DEFICIENCIES<br>NOF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING:                | CONSTRUCTION   |                                 | E SURVEY<br>PLETED       |
|--------------------------|--|---|--|--|---------------------------------|--------------------------|
|                          |  | 110646  | B. WING                                      |  | 02/                             | 02/2022                  |
|                          | PROVIDER OR SUPPLIER ENBURG COUNTY JA  | II - CENTRAL 801 EAST   | DRESS, CITY, ST<br>FOURTH ST<br>FTE, NC 2820 | REET   |                                 |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                          | PROVIDER'S PLAN OF (<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>HE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| J 36                     | operated 9 staff she-Documented super through 6:00 pm we-There was only on round conducted did 12:00 pm, 1:00 pm hours.  For May 3, 2021-Pofound.  -Day shift operated operated 10 staff sle-Documented super on May 3, 2021 through 2:00 am, and the 6:00 am, and the 6:00 am, and the 6:00 perated 29 staff sle-Documented super through 5:00 am we-There was only on round conducted did 3:00 pm hours.  -There were no documented super through 5:00 am we-There was only on round conducted did 3:00 pm hours.  -There were no documented super through 5:00 am we-There was only on round conducted during the pm, and the 12:00 and an assault on se-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-There were no documented during the pm, and the 12:00 and an assault on se-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-Day shift operated operated 23 staff sle-Documented super through 5:00 am we-Day shift operated operated 5:00 am we-Day shift oper | ort of 80. rvision rounds from 7:00 am ere reviewed. e documented supervision uring the 10:00 am, 11:00 am, 5:00 pm, and the 6:00 pm  od 3900-Inmate fight. Weapon 10 staff short of 80-Night shift nort of 80. rvision rounds from 7:00 pm ough 6:00 pm on May 4, 2021 e documented supervision uring the 7:00 pm, 12:00 am, 00 am hours.  2021-Pod 3900-Inmate riot with 23 staff short of 80-Night shift nort of 80. rvision rounds from 7:00 pm ere reviewed. e documented supervision uring the 11:00 pm and the cumented supervision rounds he 8:00 pm, 9:00 pm, 10:00 ham hours.  1-Pod 4300-Inmates fighting staff. 23 staff short of 80-Night shift hort of 80. rvision rounds from 7:00 pm through 6:00 am on October | J 36   |  |                                 |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |   | A. BUILDING:        | E CONSTRUCTION   | (X3) DATE<br>COMF | SURVEY<br>PLETED         |
|---|---|---------------------|--|-------------------|--------------------------|
|   | 110646  | B. WING             |  | 02/0              | 02/2022                  |
| NAME OF PROVIDER OR SUPPLIER  | STREET AL   | DRESS, CITY, S      | TATE, ZIP CODE   |                   |                          |
| MECKLENBURG COUNTY JA   | II - CENTRAI  | FOURTH ST           |  |                   |                          |
| PREFIX (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE APF<br>DEFICIENCY) | OULD BE           | (X5)<br>COMPLETE<br>DATE |
| 10:00 pm, 1:00 am 6:00 am hours. There were no doc conducted during tham, and the 3:00 and For October 17, 20 -Day shift operated operated 26 staff shough 12:00 pm or round conducted downward | uring the 7:00 pm, 9:00 pm, 2:00 am. 4:00 am, and the sumented supervision rounds he 8:00 pm, 11:00 pm, 12:00 m hours.  21-Pod 3625-Assault on staff. 24 staff short of 80-Night shift hort of 80. ervision rounds from 8:00 am were reviewed. The documented supervision uring the 8:00 am hour. Cumented supervision rounds he 10:00 am and the 12:00 pm  021-Pod 3640-Assault on veapons found. The supervision rounds from 7:00 pm  021-Pod 3640-Assault on veapons found. The supervision rounds from 7:00 pm  021 through 10:00 pm on were reviewed. The documented supervision uring the 7:00 pm, 10:00 pm, 4:00 am, 5:00 am, 7:00 am, 0:00 pm hours. Cumented supervision rounds he 8:00 pm, 9:00 pm, 11:00 pm, 2:00 pm, 9:00 pm, 11:00 pm, 2:00 pm, 3:00 pm, 4:00 pm, and the 7:00 pm hours. |                     |  |                   |                          |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:   |  | (X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|--|---|-------------------------------|--------------------------|
|   |  | A. BUILDING.                                 |   |                               |                          |
|   | 110646   | B. WING                                      |   | 02/0                          | 2/2022                   |
| NAME OF PROVIDER OR SUPPLIER  | STREET ADD   | ORESS, CITY, S                               | STATE, ZIP CODE   |                               |                          |
| MECKLENBURG COUNTY JAIL- CEN  | NTRAI  | FOURTH ST<br>TE, NC 282                      |   |                               |                          |
| (X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST E REGULATORY OR LSC IDEN   | BE PRECEDED BY FULL  | ID<br>PREFIX<br>TAG                          | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| on November 12, 2021 the November 13, 2021 were -There was only one docuround conducted during the 9:00 am, 10:00 pm, 3:00 pm, 10:00 pm, 3:00 am, 10:00 am, 12:00 pm, 2:00 pm, 5:00 pm, 6:0 pm, 12:00 am, 1:00 am, 2 am, 3:00 pm, and the 4:00 pm, 12:00 am, 1:00 am, 2 am, 3:00 pm, and the 4:00 pm, 3:00 pm, and 13:00 pm, 12:00 am, 7:00 pm, 12:00 am, 1:00 pm, 12:00 am, 1:00 pm, 12:00 am, 1:00 pm, 12:00 am, 1:00 pm, 3:00 pm, 4:00 pm, 5:00 pm were reverbered 23 staff short of pocumented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were reverbered as only one documented supervision through 5:00 pm were | arough 6:00 pm on e reviewed.  amented supervision he 7:00 am, 8:00 am, pm, 4:00 pm, 8:00 pm, am, 4:00 pm, amd the 6:00 am, 12:00 pm, am, 12:00 pm, 2:00 am, 5:00 am, 6:00 am, 5:00 am, 6:00 am hours.  and 5625-Assault on staff aff short of 80-Night shift 80.  a rounds from 7:00 am on reviewed.  amented supervision rounds on pm, 8:00 am, 9:00 am, 0 pm, 8:00 pm, 9:00 pm, am, and the 11:00 am  atted supervision rounds on pm, 1:00 pm, 2:00 am, 1:00 pm, 2:00 am, and the 11:00 am  atted supervision rounds on pm, 6:00 pm, 5:00 am hours.  and 5600-Assault on staff aff short of 80-Night shift 80.  a rounds from 7:00 am viewed. | J 36   | DETIONENCY)   |                               |                          |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |      |  |
|---|---|---|---|---|-------------------------------|------|--|
| 110646  |   | B. WING   |   | 02/02/2022  |                               |      |  |
| NAME OF F   | PROVIDER OR SUPPLIER  | STREET ADI  | DRESS, CITY, S                          | STATE, ZIP CODE   |                               |      |  |
| MECKLE  | MECKLENBURG COUNTY JAIL- CENTRAL  801 EAST FOURTH STREET  |   |   |   |                               |      |  |
| (V4) ID   | SUMMARY STA   | TEMENT OF DEFICIENCIES  | ITE, NC 282                             | PROVIDER'S PLAN OF CORRECTION   | ON.                           | (X5) |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG                           | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | ULD BE COMPLETE               |      |  |
| J 36  | Continued From pa   | ge 11   | J 36                                    |   |                               |      |  |
|   | 4:00 pm, and the 5:00 pm hoursThere were no documented supervision rounds conducted during the 10:00 am, 1:00 pm, and the 3:00 pm hours.  |   |   |   |                               |      |  |
|   | For December 9, 2021-Pod 3600-Assault on staff with injuries.  -Day shift operated 17 staff short of 80-Night shift operated 24 staff short of 80.  -Documented supervision rounds from 8:00 am through 7:00 pm were reviewed.  -There was only one documented supervision round conducted during the 10:00 am, 2:00 pm, and the 3:00 pm hours.  -There were no documented supervision rounds |   |   |   |                               |      |  |
| J450  | conducted during the 1:00 pm, 4:00 pm, and the 5:00 pm hours.  153A-224 Supervision of Local Confinement  |   | J450                                    |   |                               |      |  |
|   | confinement facility are present and avasupervision in order and that, in event or illness, assaults by the prisoners can be shall supervise prisonaintain safe custo   | may be confined in a local unless custodial personnel ailable to provide continuous that custody will be secure f emergency, such as fire, other prisoners, or otherwise, e protected. These personnel oners closely enough to ody and control and to be at all ne prisoners' general health dical needs. |   |   |                               |      |  |
|   | the morning of Dec  | et as evidenced by: view and records review on ember 21, 2021 and since that date, the facility is  |   |   |                               |      |  |

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| Division of Health Service Regulation   |  | 1  |                | T  |                        |          |
|---|--|--|----------------|--|------------------------|----------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | ` ` `  |                |  | ATE SURVEY<br>DMPLETED |          |
| AND FEAR OF CONNECTION IDENTIFICATION NOWIBER.  |  | A. BUILDING:   |                |  | COMPLETED              |          |
|   |  |  |                |  |                        |          |
| 110646  |  | B. WING  |                | 02/0   | 02/02/2022             |          |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S | STATE, ZIP CODE                              |                        |          |
|   |  | 801 EAST   | FOURTH ST      | TREET  |                        |          |
| MECKLE  | ENBURG COUNTY JA   | II - CENTRAI   | TTE, NC 282    |  |                        |          |
| (V4) ID   | STIMMADV STA   | TEMENT OF DEFICIENCIES                                   | ID             | PROVIDER'S PLAN OF CORRECTI                  |                        | (X5)     |
| (X4) ID<br>PREFIX   |  | MUST BE PRECEDED BY FULL                                 | PREFIX         | (EACH CORRECTIVE ACTION SHOUL                |                        | COMPLETE |
| TAG   | REGULATORY OR L  | SC IDENTIFYING INFORMATION)                              | TAG            | CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | PRIATE                 | DATE     |
|   |  |  |                | DEI IOIEIVOT)                                |                        |          |
| J450  | Continued From pa  | ge 12  | J450           |  |                        |          |
|   | not in compliance w  | vith the General Statute.                                |                |  |                        |          |
|   | not in compliance w  | will the General Statute.                                |                |  |                        |          |
|   | Findings include: S  | taff interview indicated the                             |                |  |                        |          |
|   | following:   |  |                |  |                        |          |
|   |  | the facility has two shifts each                         |                |  |                        |          |
|   | day; and   | -  |                |  |                        |          |
|   |  | each shift would have 80                                 |                |  |                        |          |
|   | detention staff;   |  |                |  |                        |          |
|   | D  |  |                |  |                        |          |
|   |  | he "Jail Central Lineup"                                 |                |  |                        |          |
|   | sheets for March 9, 2021, April 15, 2021, May 3,                                       |  |                |  |                        |          |
|   | 2021, September 4, 2021, October 9, 2021, October 17, 2021, November 2, 2021, November |  |                |  |                        |          |
|   | 12, 2021, December 3, 2021, December 5, 2021,  |  |                |  |                        |          |
|   | and December 9, 2021 indicated the following:  |  |                |  |                        |          |
|   | For March 9, 2021:   |  |                |  |                        |          |
|   | -Day Shift had a total of 72 staff present; and  |  |                |  |                        |          |
|   |  | otal of 67 staff present.                                |                |  |                        |          |
|   | For April 15, 2021:  |  |                |  |                        |          |
|   |  | al of 68 staff present; and                              |                |  |                        |          |
|   | For May 3, 2021:   | otal of 71 staff present.                                |                |  |                        |          |
|   |  | al of 70 staff present; and                              |                |  |                        |          |
|   |  | otal of 70 staff present.                                |                |  |                        |          |
|   | For September 4, 2021:   |  |                |  |                        |          |
|   | -Day Shift had a tot   | al of 57 staff present; and                              |                |  |                        |          |
|   |  | otal of 51 staff present.                                |                |  |                        |          |
|   | For October 9, 202   |  |                |  |                        |          |
|   | -Day Shift had a total of 57 staff present; and  |  |                |  |                        |          |
|   |  | otal of 57 staff present.                                |                |  |                        |          |
|   | For October 17, 202  |  |                |  |                        |          |
|   |  | al of 56 staff present; and<br>otal of 54 staff present. |                |  |                        |          |
|   | November 2, 2021:  |  |                |  |                        |          |
|   | -Day Shift had a total of 59 staff present; and  |  |                |  |                        |          |
|   | -Night shift had a total of 55 staff present.  |  |                |  |                        |          |
|   | For November 12, 2   | 2021:  |                |  |                        |          |
|   | -Day Shift had a total of 68 staff present; and  |  |                |  |                        |          |
|   |  | otal of 53 staff present.                                |                |  |                        |          |
|   | For December 3, 20   | 021:   |                |  |                        |          |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLII<br>IDENTIFICATION NU  |                                   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   |                              | (X3) DATE SURVEY<br>COMPLETED |  |
|---|---|---|-----------------------------------|---|---|------------------------------|-------------------------------|--|
| 110646  |   | B. WING   |                                   | 02/                                     | 02/02/2022  |                              |                               |  |
| NAME OF   | PROVIDER OR SUPPLIER  |   | STREET AD                         | DRESS, CITY, S                          | STATE, ZIP CODE   |                              |                               |  |
| MECKLE  | NOUDC COUNTY IA   | U CENTRAL   | 801 EAST                          | FOURTH S                                | TREET   |                              |                               |  |
| MECKLE  | ENBURG COUNTY JA  | IL- CENTRAL   | CHARLO                            | TTE, NC 282                             | 02  |                              |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIE<br>MUST BE PRECEDED BY<br>SC IDENTIFYING INFORM   | FULL                              | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTIO<br>CROSS-REFERENCED TO THI<br>DEFICIENCY) | N SHOULD BE<br>E APPROPRIATE | (X5)<br>COMPLETE<br>DATE      |  |
| J450  | REGULATORY OR LSC IDENTIFYING INFORMATION)  |   | J450                              |   |   |                              |                               |  |
|   | For May 3, 2021: In -Day shift operated -Night shift operated For September 4, 2 foundDay shift operated -Night shift operated For October 9, 202 assault on staff. | mate fight. Weapon 10 staff short of 80. d 10 staff short of 80. d 21: Inmate riot with 23 staff short of 80. d 29 staff short of 80. 1: Inmates fighting a 23 staff short of 80. | found.  ).  n weapons  ).  ind an |   |   |                              |                               |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′                 | E CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|--|---------------------|---|-------------------------------|--------------------------|
| 110646  |  | B. WING  |                     | 02/02/2022  |                               |                          |
| NAME OF   | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S      | STATE, ZIP CODE   |                               |                          |
| MECKLE  | ENBURG COUNTY JA   | II - CENTRAI                                       | FOURTH ST           |   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | Y MUST BE PRECEDED BY FULL                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROF<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| J450  | PROVIDER OR SUPPLIER  ENBURG COUNTY JAIL- CENTRAL  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |  | J450                |   |                               |                          |

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