



Oklahoma State Department of Health  
Creating a State of Health

December 30, 2016

**CERTIFIED MAIL**  
**7016 1370 0001 5943 0744**

Jail Administrator  
Nowata County Jail  
229 N Maple  
Nowata OK 47048

Dear Sheriff Miller:

A recent record review was conducted on your facility by a member of the Jail Inspection Division. The results of the findings are attached.

Sincerely,

Espaniola Bowen, MCJA, M.Ed.  
Administrative Program Manager  
Jail Inspection Division

Enc. List of Deficiencies

c Nowata County Commissioners  
Tina Johnson, Deputy Commissioner, Community & Family Health Services  
Nowata County Health Administrator

Board of Health

Terry L. Cline, PhD  
*Commissioner of Health  
Secretary of Health  
and Human Services*

Martha A. Burger, MBA  
*President*  
Jenny Alexopoulos, DO  
Terry R. Gerard, DO

Cris Hart-Wolfe  
*Vice President*  
Charles W. Grim, DDS, MHSA  
R. Murali Krishna, MD

Robert S. Stewart, MD  
*Secretary - Treasurer*  
Timothy E. Starkey, MBA  
Ronald Woodson, MD

1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1207  
[www.health.ok.gov](http://www.health.ok.gov)  
An Equal Opportunity Employer



OKLAHOMA STATE DEPARTMENT OF HEALTH  
JAIL INSPECTION DIVISION  
LIST OF DEFICIENCIES AND PROPOSALS FOR SOLUTION



<b>JAIL:</b> Nowata County Jail	<b>INSPECTION DATE:</b> December 15, 2016
---------------------------------	-------------------------------------------

<b>REPORT DATE</b> December 30, 2016	<b>60-DAY CORRECTION DATE</b> 60 Days from Notice of Delivery	<b>CERTIFIED MAIL RECEIPT#</b> 7016 1370 0001 5943 0744
-----------------------------------------	------------------------------------------------------------------	------------------------------------------------------------

OAC: 310:670	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROPOSALS FOR SOLUTION [74 O.S. § 193(B)(1)]
5-10(3)	<p>INITIAL COMMENTS</p> <p>The Oklahoma State Department of Health conducted a record review on 12/15/16.</p> <p>Based on the violations cited at 310:670-5-10(3) the jail is not in substantial compliance.</p> <p>The following deficient practice was identified:</p> <p><b>Training and staff development</b> The administrator shall develop policies and procedures for staff orientation and training. The training program shall be supervised by a designated employee. A facility with more than one-hundred (100) employees shall employ a full-time person for staff orientation and training. Policies and procedures shall include at least the following:.....</p> <p>(3) After the first year of employment, an employee who works in direct contact with prisoners shall receive at least the following training. This training shall be in addition to any requirements for completion of first aid and cardiopulmonary resuscitation. Before training begins a training schedule shall be provided to the Department for approval, listing subjects, number of hours, date, time, location and instructor.</p> <p>This Rule was not met as evidenced by:</p> <p>Based on record review, it was determined the facility failed to submit the required training schedule for approval.</p>	<p>Pursuant to Title 74, Section 193(B)(1), the Department proposes the following solution:</p> <ol style="list-style-type: none"> <li>1) Review the current policy for staff training, development, and the submittal of training schedule for Department approval before training is conducted.</li> <li>2) Ensure the policy reflects the current expected practice and revise as needed.</li> <li>3) Conduct staff interviews to assess why the policy was not followed.</li> <li>4) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of jail staff on the policy.</li> <li>5) Ensure required training schedule is submitted for Department approval prior to conducting staff training.</li> </ol>

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Nowata County Jail  
229 N Maple  
Nowata OK 74048



9590 9402 2172 6193 9152 04

2. Article Number (Transfer from service label)

7016 1370 0001 5943 0744

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Wanda Nelson* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

JAN 07 2017

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



Oklahoma State Department of Health  
Creating a State of Health

April 10, 2017

**CERTIFIED MAIL**  
**7015 1520 0001 8887 9037**

Jail Administrator  
Nowata County Jail  
229 N Maple  
Nowata OK 74048

Dear Sheriff Miller:

A recent inspection was conducted at your facility by a member of the Jail Inspection Division. The results of the findings are attached.

Sincerely,

**Espaniola Bowen, MCJA, M.Ed.**

Espaniola Bowen, MCJA, M.Ed.  
Administrative Program Manager  
Managed Care Systems  
Health Facilities Systems  
Jail Inspection Division

c Nowata County Commissioners  
Tina Johnson, Deputy Commissioner, Community & Family Health Services  
Nowata County Health Administrator

Encl

Board of Health

Terry L. Cline, PhD  
*Commissioner of Health  
Secretary of Health  
and Human Services*

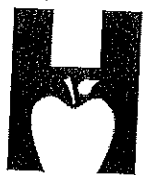
Martha A. Burger, MBA  
*President*  
Jenny Alexopoulos, DO  
Terry R. Gerard, DO

Cris Hart-Wolfe  
*Vice President*  
Charles W. Grim, DDS, MHSA  
R. Murali Krishna, MD

Robert S. Stewart, MD  
*Secretary - Treasurer*  
Timothy E. Starkey, MBA  
Ronald Woodson, MD

1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1207  
[www.health.ok.gov](http://www.health.ok.gov)  
An Equal Opportunity Employer





Health Resources  
Development Service  
Oklahoma State  
Department of Health

RECEIVED  
HRDS

APR 4 2017

Jail Inspection Division  
Oklahoma State Department of Health  
1000 NE 10th Street - Oklahoma City, OK 73117  
Telephone (405) 271-3912 - Fax (405) 271-5304  
E-mail [jails@health.ok.gov](mailto:jails@health.ok.gov)  
<http://jails.health.ok.gov>

## JAIL INSPECTION REPORT

DATE: 3-6-2017

PAGE 1 OF 2

Type of Facility: (Check One) COUNTY ☒ CITY ☐ LOCK-UP ☐ HOLDING ☐

Facility: Nowata County

Mailing Address: 229 N. Maple Street

City: Nowata

County: Nowata

Zip: 74048

Sheriff/Chief: Richard Miller

Jail Administrator: Elliott Harris

Jail Administrator's Phone: 918-273-2287

Jail Administrator E-Mail

Nowata County Jail@yahoo.com

Jail Fax #: 918-273-2287

Medical Authority: Morton Clinic / Doctor David Cagle

Staffing: Day Shift (M) 1 (F) 1 Evening (M) 2 (F) 0 Night (M) 2 (F) 0

Total Male Beds: 56 Female Beds: 7 Juvenile Beds: 0 Special Cells: 1

Population Today: 51 Rated Capacity: 67 Avg. Daily Population: Men      Women     

Sentenced: Male 4 Fem 1 Juv Male 0 Juv Fem 0 Total 5

Unsentenced: Male 48 Fem 3 Juv Male 0 Juv Fem 0 Total 51

DOC J&S: 1 Menu Approved by Licensed Dietitian (Long Term Jail Only) Yes ☒ No ☐

Food Prepared By: Staff / Trustees Approved Form for Book In Yes ☒ No ☐

Inmates with mental health issues appropriately segregated Yes ☒ No ☐

Facility has written policy regarding inmates with mental health problems Yes ☒ No ☐

DEFICIENCIES: Title 310 Chapter 670

see Attach Deficiency

I ACKNOWLEDGE REVIEW OF THIS REPORT  
AND SWEAR THAT THE INFORMATION GIVEN  
BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Jail Representative

I CERTIFY THAT THIS INSPECTION COVERED  
ALL APPLICABLE STANDARDS.

Signature of Inspector/Investigator

OKLAHOMA STATE DEPARTMENT OF HEALTH  
JAIL INSPECTION DIVISION  
LIST OF DEFICIENCIES AND PROPOSALS FOR SOLUTION

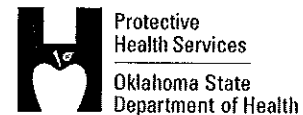


<b>JAIL:</b> Nowata County Jail	<b>INSPECTION DATE:</b> March 6, 2017
---------------------------------	---------------------------------------

<b>REPORT DATE</b> April 10, 2017	<b>60-DAY CORRECTION DATE</b> 60 Days from Notice of Delivery	<b>CERTIFIED MAIL RECEIPT#</b> 7015 1520 0001 8887 9037
--------------------------------------	------------------------------------------------------------------	------------------------------------------------------------

OAC: 310:670	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PROPOSALS FOR SOLUTION [74 O.S. § 193(B)(1)]
5-8(6),(7)	<p><b>INITIAL COMMENTS</b></p> <p>The Oklahoma State Department of Health conducted an annual inspection and a complaint inspection (C-2017-023) on 3/6/17. The census was 51.</p> <p>Based on the violations cited at 5-8(6) and 5-8(7) the jail is not in substantial compliance.</p> <p>The following deficient practice was identified:</p> <p><b>Medical care and health services</b> Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following.....</p> <p>(6) If the need is indicated by the medical screening at booking, prisoners held for forty-eight (48) hours or more, shall undergo a medical examination which shall be conducted by licensed medical personnel.</p> <p>(7) An appointment shall be made with a physician or other licensed medical personnel within forty-eight (48) hours of a valid written request unless more immediate action is dictated by the severity of the current situation.</p> <p>This Rule was not met as evidenced by:</p> <p>Based on observation and interview and record review, it was determined the facility failed to make an appointment within forty-eight (48) hours for Inmate #1 to see a physician or licensed medical personnel, when the need was indicated by medical screening at booking.</p>	<p>Pursuant to Title 74, Section 193(B)(1), the Department proposes the following solution:</p> <p>It is recommended that the jail administrator do the following :</p> <ol style="list-style-type: none"> <li>1) Conduct interviews with jail staff to see why policy was not followed.</li> <li>2) Conduct training of jail staff on policy.</li> </ol>

OKLAHOMA STATE DEPARTMENT OF HEALTH  
PROTECTIVE HEALTH SERVICES  
JAIL INSPECTION DIVISION



---

INVESTIGATION REPORT C-2017-023

Date of Investigation:

MARCH 6, 2017

Facility:

NOWATA COUNTY JAIL

ALLEGATION 1: Facility is overcrowded, both men's and women's pods.

ALLEGATION 2: There is no hot water in the men's pods.

ALLEGATION 3: No hot food is served. There is no propane to cook with.

ALLEGATION 4: There are no lights in the men's pods.

ALLEGATION 5: Inmate #1 has been incarcerated since November 1 and still has not received medical attention even though many requests have been put in. Sandy Hagebrush says she's too busy to make appointments.

On March 3, 2017, a complaint(s) was received regarding this Jail. An investigation of the complaint(s) pursuant to Title 74 of the Oklahoma Statutes, Section 192, and Title 310 of the Oklahoma Administrative Code, Chapter 670, *Jail Standards* was conducted on March 6, 2017. The findings of the investigation are as follows:

---

**ALLEGATION #1 FINDINGS:** I spoke with the Sheriff who stated that the facility was not overcrowded on March 3, 2017; the rated capacity for facility is 67 and the population was 51. On March 2, 2017, the facility population was 50 and on March 6, 2017, the facility population was 51. All cells were observed on March 6 2017, and no cells were overcrowded. Based on observation, interview and record review there was no evidence of the facility being overcrowded.

**THIS ALLEGATION WAS:**

☐ Substantiated ☒ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☐ was ☒ was not] identified.

**DATE OF INVESTIGATION**  
**NOWATA COUNTY JAIL**  
**INVESTIGATION REPORT C-2017-023**  
**PAGE 2 OF 2**

**ALLEGATION #2 FINDINGS:** Spoke with Sheriff who stated that on March 3, 2017, the breaker switch flipped off, which caused the General Population cell for men not to have hot water until the breaker switch was flipped back on and hot water was restored in men cells that day. Interviews with the Sheriff and Inmates #1, #2 and #3 revealed that the hot water was fixed in General Population cells for men on March 3, 2017.

**THIS ALLEGATION WAS:**

☐ Substantiated ☒ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☐ was ☒ was not] identified.

**ALLEGATION #3 FINDINGS:** Spoke with Sheriff, who stated that the flow of gas to the stove was accidentally cut off when a fry basket hit the fire suppression system valve and gas was automatically shut off. Per Sheriff, C&S Air was called the same day on February 21, 2017, and came out and fixed the problem. Invoice 25574 from C&S Air observed for February 21, 2017. On March 6, 2017, observed food being served to General Population pod, food was served hot. Interviewed Inmates #1, #2 and #3 who all stated that the food is served warm, sometimes hot. Based on observation, interview and record review, food is served hot and there is gas to cook.

**THIS ALLEGATION WAS:**

☐ Substantiated ☒ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☐ was ☒ was not] identified.

**ALLEGATION #4 FINDINGS:** Spoke with Sheriff, who stated that the inmates keep breaking the lights in the men cells as soon as they replace them. Observed broken light fixtures in men cells in General Population. Observed broken light fixture in General Population pod for men. Sheriff stated that they were continuously buying new light fixtures to replace the broken ones in the mens pod. Base on interview and observation, light fixtures are being broken in General Population pod for men.

**THIS ALLEGATION WAS:**

☐ Substantiated ☒ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☐ was ☒ was not] identified.



**DATE OF INVESTIGATION**  
**NOWATA COUNTY JAIL**  
**INVESTIGATION REPORT C-2017-023**  
**PAGE 3 OF 2**

**ALLEGATION #5 FINDINGS:** Observed Book in sheet for Inmate #1, which stated that on January 6, 2017, Pam from Behavioral Health called and set up an appointment for Thursday January 7, 2017, at 11:00. Interviewed Inmate #1 who stated that he was not taken to his scheduled medical appointment on January 7, 2017. Inmate #1 stated he has since put in several medical requests and no appointments have been made for him. Sheriff stated that Jailer #1 stated that there was no one available staff to take inmate #1 to his appointment on January 7, 2017, due to shortage of staff. Jailer #1 stated that she has been unable to make an appointment at Cherokee Indian Clinic, because they are so backed up. At the time of this investigation the facility has not made a medical appointment for Inmate #1.

**THIS ALLEGATION WAS:**

☒ Substantiated ☐ Unsubstantiated ☐ Substantiated But Previously Corrected

Based on the investigation of this allegation a violation of the Jail Standards ☒ was ☐ was not] identified.

**OAC 310:670-5-8(6),(7) Medical care and health services**

Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:.....

(6) If the need is indicated by the medical screening at booking, prisoners held for forty eight (48) hours or more, shall undergo a medical examination which shall be conducted by licensed medical personnel.

(7) An appointment shall be made with a physician or other licensed medical personnel within forty-eight (48) hours of a valid written request unless more immediate action is dictated by the severity of the current situation.

Based on observation, interview and record review , it was determined the facility failed to make an appointment within forty-eight (48) hours for Inmate #1 to see a physician or licensed medical personnel, when the need was indicated by medical screening at booking.

**DISPOSITION:** A report of deficiency will be issued pursuant to Title 74, Section 193(B).

## SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

Nowata County Jail  
229 N Maple  
Nowata OK 74048



9590 9402 2172 6193 9154 95

2.

7015 1520 0001 8887 9037

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*X Sandy Kelley* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-13-17

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 17 2017

HEALTH RESOURCES  
DEVELOPMENT SERVICE

## 3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery



Health Resources  
Development Service  
Oklahoma State  
Department of Health

Jail Inspection Division  
Oklahoma State Department of Health  
1000 NE 10th Street · Oklahoma City, OK 73117  
Telephone (405) 271-6868 · Fax (405) 271-5304  
<http://jails.health.ok.gov>

## JAIL INCIDENT REPORT

To submit an incident report, complete this form and fax to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

### 310:670-5-2(27) Security and control

In case of a death or an escape with injury, the Department shall be notified immediately.

### 310:670-5-2(28) Security and control

The Department shall be notified no later than the next working day if any of the following occur: (A) Extensive damage to jail property; (B) Serious injury to staff or prisoner defined as life threatening or requiring transfer to outside medical facility; (C) Escape; (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility.

Date: 6-16-17

Name of reporting party: Billie Lafferty

#### 1. Check the box identifying the type of incident.

Death ☐ Death by Suicide ☐ Serious Suicide Attempt ☒ Damage to Jail Property ☐  
Escape ☐ Escape with Injury ☐ Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name. Nowata County Sheriff Office

#### 3. Enter name of jail staff and prisoner.

Jail Staff Name: Robert Kerr, Brandon Carter

Prisoner Name: [REDACTED]

#### 4. Enter the date, time, and location of the incident.

Date of Occurrence: 6-10-17

Time: 01:40

5. Briefly describe what happened. Inmate [REDACTED] left a suicide note for his family and then tied a blanket around his neck to hang himself. One of the inmates that was in the cell heard a noise and went to see what was going on and saw him there and started to yell for help as he was trying to lift him up. Jailer Robert Kerr, Brandon Carter and Officer Billy Bright got him down by cutting the blanket. And brought him up front to be checked out by ems. The ems crew advised that he was fine and he was put on suicide watch. He was also taken to Four County Mental Health to see the doctor

*Jail Incident Report (continued)*

and was put on some meds. We already had a medical release from him to be able to get meds and take to his doctor on file. He had also signed one for his sister to get some meds and bring them up here to us but she never did.

**6. List any witnesses to the incident.**

Robert Kerr, Brandon Carter, Officer Billy Bright, Officer Jeremiah Frauenberger, and Inmate Brant Epple

_____ Billie Lafferty _____	_____ Major _____
Signature of Reporting Party	Title/Position