

OFFICE OF THE CORRECTIONS OMBUDS

Monthly Outcome Report: November 2020

The Office of the Corrections Ombuds (OCO) investigates complaints regarding any Department of Corrections' (DOC) actions or inactions that adversely affect the health, safety, welfare, and rights of incarcerated individuals (RCW 43.06C.040). Per RCW 43.06C.040(2)(k), at the conclusion of an investigation of a complaint, the ombuds must render a public decision on the merits of each complaint.

Starting September 1, 2020, all cases open at the time and all cases opened since by OCO are considered "investigations" for the purposes of the statute. The following pages serve as the "public decision" required by RCW 43.06C.040(2)(k). Although an individual case report with recommendations for systemic reform is not being produced for the cases herein, the cases will still inform and may be included in a future systemic issue report.

In providing an anonymous summary of each complaint, OCO staff have worked to limit as much identifying information as possible while still providing a substantive explanation of the concern so as to protect the complainant's confidentiality while also providing transparency into the office's work.

Note: The following case summaries also include OCO's closed case reviews, in which a complainant whose case was closed requests a review by the supervisor. These are marked in the summaries as such. OCO is still evaluating how to best portray these cases.

All published monthly reports are available on <https://oco.wa.gov/reports-publications>

Case Status	Explanation
Assistance Provided	OCO, through outreach to DOC staff, was able to achieve full or partial resolution of the person's complaint.
DOC Resolved	Case resolved by action of DOC staff prior to OCO action.
Lack Jurisdiction	Complaint does not meet OCO's jurisdictional requirements (not about an incarcerated individual, not about a DOC action, or person did not reasonably pursue grievance/appellate procedure)
No Violation of Policy	After reviewing all relevant documents and DOC policy, OCO staff determine that DOC policy was not violated.
Unable to Substantiate	Insufficient evidence exists to support the complainant's allegation.
Information Provided	OCO provides self-advocacy information.
Substantiated	OCO substantiates the concern/allegation and it is neither resolved by DOC nor can OCO assist with impacting change.
Decline/Other	Some other reason exists for the closure of the case, generally release.

Monthly Outcome Report

Institution of Incident	Complaint/Concern	Outcome Summary	Status Reason
Airway Heights Corrections Center			
1.	Complainant was infracted and terminated from job. Infraction was then dismissed, but he did not get his job back. The kitchen also told him that they don't want to hire him again.	DOC CI acting within policy that allows termination based on determination of hiring staff.	No Violation of Policy
2.	Complainant's husband is unable to participate in court - mandated programming due to COVID-19 restrictions. Concerned that if he is unable to complete the program prior to his Early Release Date this may negatively impact the decision of the Indeterminate Sentence Review Board.	Facility created a plan for complainant's husband's unit to meet the court mandated requirements during COVID-19. No grievance on file; however, provided resolution and self-advocacy information to incarcerated individual and family member.	Lack Jurisdiction
3.	Complainant received an infraction and wants it overturned. He believes his mental health and medical needs were contributing factors to the incident he was infracted for and wants them to be considered.	Elements of 600 include covering window; he does not have an HSR to allow covering the window; DOC staff reportedly warned him prior to infraction.	No Violation of Policy
4.	Complainant was found guilty of WAC 603. The CI evidence that the hearings officer relied upon was not presented to him, although his infraction report stated that it was a summary of CI information. Instead, the infraction was solely based on video evidence that is not consistent with the summary report. Also reported a failure/inability to call a key witness.	Confirmed that complainant was not provided summary of CI info; DOC HQ addressed with AHCC, but not overturned because complainant had as much knowledge/info as they would have told him. Cannot substantiate witness concern.	Substantiated
5.	Time calculation issue. Says that DOC is not following his J&S.	DOC appears to have done a thorough review. Unclear where the missing time is. Closing case, but will reopen if complainant provides more info.	No Violation of Policy

6.	Complainant had completed all necessary paperwork and was supposed to be released on his ERD. His assigned Community Corrections Officer, however, did not complete all necessary steps. This will delay his release nearly two weeks.	Relayed to him that due to COVID-19, his release plan was approved much closer to release than usual. Because of the notifiers he has attached to his release, these two delays caused him to release late, even though he did everything he could to release on time. Explained that we recognize that this incident negatively affected his re-entry. He is now released and home.	Substantiated
7.	Complainant is reporting staff misconduct and abuse of authority. Complainant states that DOC staff demoted him to medium custody without just cause. He feels targeted and punished by staff. Complainant further states the FRMT decision was based on malicious intentions by DOC and not on personal behavior and accomplishments.	Unable to obtain evidence of a custody demotion. He was recently promoted and moved to camp.	Unable to Substantiate
8.	Family connection and conflict of interest with staff at AHCC. Says he is being treated unfairly.	Explained options for self-advocacy for a facility transfer. Also explained how to work with DOC staff to address the family connection. Was not able to find any evidence of harassment by the staff.	Information Provided
9.	Complainant was sanctioned to do 18 hours extra work duty. Staff have refused to allow this extra work hours. Because of this he has received another infraction (658) for not completing his sanction.	Asked that he follow up with us after grieving the issue. Explained avenues for self-advocacy regarding the infraction, as that was not appealed.	Lack Jurisdiction
10.	Complainant lives in a housing unit that has been on lock down due to COVID-19. This unit is for the aging and infirm population; he was originally placed there on job duty. Since the COVID-19 lock down, he has not been able to access mandated programming. This may impact his ability to release on time. He has had to seek mental health help because he cannot run the track, go to group therapy or counseling, or engage in other activities that help him to cope with stress, anxiety, and guilt. If he does	Explained that he is in the first round of K unit programming and that is why they are keeping him there. If they moved him, he would not get into the appropriate programming before his ISRB hearing.	Information Provided

	not finish his classes, they could choose to not release him.		
11.	Complainant was found guilty of a serious infraction (603) involving the mailing of drugs. Evidence relied upon relates to a witness who is unknown to him. There is no evidence that the complainant had anything to do with the incident. Has appealed the guilty finding but was unable to introduce any new evidence or witness statements.	Appears that DOC remanded the hearing prior to OCO contacting them. Asked that he follow up if any issues persist after the new hearing and appeal.	DOC Resolved
12.	Elderly incarcerated individual died at the hospital after sustaining life-threatening injuries when assaulted by another incarcerated individual. The victims of the deceased include a minor family member of the accused. No keep separate was in place at the time the two men were housed together.	Investigation and Report found no evidence of staff knowledge of a prior relationship prior to bed assignment. OCO cannot substantiate allegations that staff were made aware prior to the assault.	Investigation Indeterminate
13.	Property was lost during a pack-out done by DOC staff after the complainant was taken to segregation.	When this person's property was packed out, the missing items were marked as "not found" by the CO that packed out the property. Recommended filing a tort claim.	Information Provided
14.	Complainant reports that he had stage 4 Hodgkin's Lymphoma, which is now in remission. The lack of early treatment has resulted in constant pain and partial paralysis. He feels the medications he receives are not adequate for his medical needs.	Pain management includes CRC approved narcotics and Lyrica; physician said there isn't anything stronger available in DOC. PT consult submitted. MRI was scheduled for diagnosis of pain but complainant did not attend.	No Violation of Policy
15.	Complainant reports taking daily suboxone. When he arrived at AHCC, the prescription was reduced to one-third the dosage, and then discontinued altogether after ten days. This caused severe withdrawal. Filed an emergency grievance and was given a medication to treat diarrhea. Requested Suboxone be reinstated.	Suboxone is not continued if patient is in DOC custody for more than 90 days. Confirmed he will be set up with a Suboxone clinic upon release. Appointment confirmed he was no longer experiencing withdrawal.	No Violation of Policy

Clallam Bay Corrections Center

16.	Complainant states that staff have refused to adhere to standing caselaw and violated the law by doing so. Alleges that staff have opened and rejected his outgoing mail and refused to return mail, including pictures, to him.	Explained that DOC appears to be following mailroom policy; not aware of any other legal violations.	No Violation of Policy
17.	Complainant states that DOC allows CI to monopolize the sale of religious supplies such as oils. States that DOC is not following current caselaw.	DOC allows religious oils to be received through a DOC-approved vendor, family members, and/or community members.	No Violation of Policy
18.	Complainant's primary concern is that he is being transferred to WSP. He is concerned about exposure to COVID, distance from his family, and issues he previously had there. He was also recommended for max custody, even though his aggravated assault infraction was reduced to a regular assault.	Relayed that we cannot change institutional assignment, but recommended he appeal max custody decision to the Assistant Secretary for Prisons. Told him to contact us back if that is unsuccessful.	Information Provided
19.	Complainant reports that a CO closed a door on him. Says that CO violated policy, though participated in a common practice, when she closed the door on him. He experiences mobility issues necessitating the use of a cane. He shared that the pinched nerve from having the door closed on him caused him to pass out when climbing stairs. Requested MRI and treatment.	Facility medical director met with patient. CT scan completed and initiated PT treatment plan. Consult was ordered; CRC deemed "not medically necessary." OCO cannot overturn CRC decisions. May raise in systemic review of CRC.	No Violation of Policy
20.	Complainant's mail was rejected because the items he tried to send are hobby craft and have their own method of sending. Wanted to send out the mail the correct way, but DOC rejected the letter contained in the mail he had tried to send.	DOC is following mail policy 450.100. However, OCO reached out to HQ staff to request permission for complainant to send letter and items using the methods called for in policy. DOC refused to allow.	Partially Substantiated
21.	Complainant has not been receiving MH services and would like to transfer to SOU or Western State in order to receive enhanced treatment.	Alerted DOC to complainant's desire for MH treatment; confirmed he'd been seen frequently. DOC assessed needs, made housing recommendation, complainant agreed to it.	DOC Resolved

22.	Received infraction for an alleged assault on another incarcerated person. He states that the other person initiated the incident and it should be classified as a fight and not an assault.	Video evidence is poor and cannot substantiate who initiated. DOC says the other person approached, but complainant engaged in blows resulting in serious injury to the other incarcerated person.	Unable to Substantiate
23.	Complainant is on the vegan/vegetarian diet. While he has been housed in IMU, usually he has been given regular meals. Filed multiple grievances, but issue has not been resolved. Upon filing the last grievance, staff threatened to infract him if he files another grievance.	Claims substantiated. Person has been moved to another facility since and is receiving the correct diet. Provided resources to file a tort claim.	Substantiated
Coyote Ridge Corrections Center			
24.	Complainant wants an accommodation for a talking watch due to vision disability.	Confirmed that ASR request for this accommodation will be submitted for ARC consideration.	Assistance Provided
25.	Two complaints: (1) applied for camp and was denied because he did not complete required programming. States that at intake he was told that he did not need to take the programming. (2) Minor child denied visit, even though court stated that minor child could visit father.	Since contacted by outside family member, provided family and incarcerated individual with self-advocacy information along with OCO request form if incarcerated individual wants to pursue concern.	Partial Assistance Provided
26.	Complainant states that false information was placed in his Custody Facility Plan which is causing him to be denied transfer to a facility closer to family support. He learned of a chronos that states that he will not be allowed lower levels of custody due to program refusal. Complainant states he did not refuse programming; he agreed to any programming mandated.	Explained that the chronos was entered because he was deemed not amenable for SOTAP due to the fact that he does not admit to the crime for which he was convicted.	No Violation of Policy
27.	Complainant is in medium custody but was approved for work release. It has been over a month and he hasn't been transferred yet.	Explained policy 300.380 and that due to the COVID-19 restrictions, he was locked down until it was too late to be transferred to work release.	No Violation of Policy
28.	Complainant's disciplinary hearing took place one day after the 72-hour window that began when he received an infraction. After the hearing a continuance was put in related to the hearing, but policy does not reference	Explained policy 460.140 Hearings and Appeals which states that hearing officers may continue the hearing for "good cause." This was	No Violation of Policy

	continuances being made for staff availability. Hearing manager stated they were not in the office on the day the hearing should have occurred. Complainant went through the appeal process and was denied.	during the COVID-19 outbreak, when CRCC had limited staff.	
29.	Has had a commutation of his sentence with a directed target date from the Governor. DOC is placing him into Chemical Dependency and camp prior to work release. A violation of the commutation.	Based on the conditions of the commutation, DOC is following the conditions by creating him a step-down plan. He will go to camp, then work release prior to releasing.	No Violation of Policy
30.	Complainant is concerned he is not getting proper treatment or medication for an eye condition. He is worried that he will lose eye if not treated soon. He expressed concern that his eye is infected and is bleeding.	DOC scheduler wasn't alerted about appointment when he transferred facilities so it was never scheduled. Scheduled eyecare appointment and confirmed treatment provided after OCO involvement.	Assistance Provided
31.	Caller has a mail rejection stating rule number 32 violation. He states that is inconclusive.	Explained DOC policy 450.100 and why the mail was rejected in compliance with the rejection reasons noted in attachment 1 of the policy.	No Violation of Policy
32.	Reporter wants their client to have access to connect with his children via video visiting. DOC denied the appeal and are currently not allowing him to see his children with his wife as the supervisor.	Explained that DOC is currently following their visitation protocols. Stated that OCO may look at visitation as a future systemic issue.	No Violation of Policy
33.	Complainant injured his left thumb. He's barely able to use his hand to grasp, hold, or tear anything because of the pain. He received an x-ray and was told that pain was due to arthritis. Requested MRI.	Confirmed that re-evaluation appointment scheduled. Patient received thumb splint and pain management plan. Medical did not hear back from him after that appointment. Provided info on next steps.	No Violation of Policy
34.	Complainant injured his back. He requested a medical emergency and was taken to the clinic with severe back pain. He needs to see a neurologist to determine the	Diagnostics and treatment plan provided; medical records show improvements. MRI consult submitted and medical staff	DOC Resolved

	diagnosis and fix before permanent damage to his nerves happens. Requested MRI and pain management plan.	continuing to monitor his conditions via follow up appointments.	
35.	Complainant returned to CRCC from the hospital after major surgery. He states that DOC is not honoring his HSRs and is not following the outside doctor's care instructions. He needs a working wheelchair with footrest, shoes, a walker, a porter to carry his supplies because of 5lb weight restriction, and extra pillows. He needed a second mattress, but it took DOC two weeks to get him one.	Most (not all) of HSRs have been provided. Explained DOC's process for HSRs when transferring to new facility. Forwarded issues regarding CUS and COs to AO for additional review.	Information Provided
36.	Complainant has had blood in his urine for about two years and recently had four urinary tract infections. Recently this resulted in an inability to urinate. A doctor told him previously that they thought they saw something in his colon but was unsure what it was and not to worry about it. Complainant would like to get a second opinion or find out if there is anything in his colon and why he has blood in his urine.	Two-year history of complaints confirmed. Patient received consultation (which was the requested resolution) and subsequent diagnostics and surgery.	Substantiated
37.	Complainant states that her brother has tried to obtain health care at CRCC and has not been able to see a provider. He received the outside (hospital) care he needed while at AHCC. However, now that he is back at CRCC he is not receiving medical care. He was a COVID-19 positive CRCC patient.	Patient received an appointment several days after this complaint was submitted to OCO. DOC has not received additional kites requesting appointments since that time.	DOC Resolved
Mission Creek Corrections Center for Women			
38.	Complainant was involved in a verbal disagreement with staff and was infracted. Staff should not be allowed to treat incarcerated individuals inhumanely.	Confirmed that complainant was not infracted and was able to switch jobs. With regard to staff conduct concern, confirmed that staff was reminded of DOC's values and mission statement.	DOC Resolved
Monroe Correctional Complex			
39.	Complainant's concern is that DES denied the tort claim he had filed after his CD player was stolen. Alleges that DOC was responsible for allowing it to be stolen by another incarcerated individual when complainant was put in segregation. CD player has been discontinued. DES	OCO does not have oversight authority over DES.	Lack Jurisdiction

	denied claim because the CD player was taken by another incarcerated person.		
40.	Complainant previously had HSR that excused him from education due to neurological disability. DOC MH renewed the HSR. When he presented the renewed HSR document to his counselor, she shredded it and said that mental health can't issue HSRs anymore. He grieved this but grievance program designated it as a classification problem, meaning it's non-grievable. He would like to have the HSR excusing him from education class to be reissued.	Explained why HSR was not honored; asked grievance program to send to health services again; suggested next steps for being assessed/requesting HSR.	Information Provided
41.	Complainant has been waiting to see the optometrist for over a month. Experiencing chronic migraines. Medical said he needs additional care. He also has Hep C but is not receiving treatment for it. DOC has told him that the only care offered presently are health services related to COVID. He is worried he won't receive treatment before his release date.	Confirmed optometrist appointment. All Hep C treatment delayed while DOC focused on COVID-19 response. Treatment has resumed, but DOC will not provide treatment for complainant at this time because he will be released before labs are scheduled.	No Violation of Policy
42.	Complainant not receiving adequate medical care for jaw and dental issues. Filed emergency grievance . Needs help addressing terrible pain he is feeling daily.	No policy violation. Complainant disagrees with policy of no fillings, root canals, or TMJ treatment. Explained that OCO also has concerns about dental care and will address in future.	No Violation of Policy
43.	Complainant has multiple teeth that are deteriorating and causing pain, especially when eating. This impacts his daily living as he is also missing molars on both sides and must chew with his front teeth. He has 20 minutes to eat but often he is not able to finish his meal in time. He has been seen for urgent/emergent care but has not received routine care since he started sending kites in January 2019. He has dental care plans and has received multiple x-rays but he feels this isn't helping without the follow up appointments/care. When responding to grievances, DOC staff have focused on his right front tooth issue, but his biggest concern is his other teeth. He keeps being told to work with his dental provider but says one of the providers told him not to send her kites anymore.	Restrictions on non-emergent dental procedures as part of COVID-19 protocol were initiated in March 2020. Provided info that all dental procedures should resume on November 9.	No Violation of Policy

44.	Complainant is supposed to have medically prescribed snack but one CO has refused to allow it. Complainant grieved but reports that grievance coordinator is not adequately investigating.	Complainant withdrew case via hotline.	Declined
45.	Complainant states he was taken off of Suboxone and would like this medication reinstated.	Verified that patient does not qualify for Suboxone	No Violation of Policy
46.	Complainant believes he has an infectious disease. He has scabs on his head. Alleges that SOU medical staff have failed to provide treatment. They are refusing to give him the course of antibiotics that he prefers.	Contacted DOC medical staff; he does not have infectious disease. He has recently been treated for scalp lesions due to self-picking; he is receiving antibiotics. Does not need the higher dosage.	No Violation of Policy
47.	Ongoing issues related to DOC failures to treat complainant's hernias and provide pain management. He has not received a follow up appointment after his first hernia surgery. He has been asking for a follow up for three months. He was also supposed to receive a second surgery and that has not occurred. He is in severe pain but is afraid to call a medical emergency because he will be charged a fee.	Substantiated that he is not being provided pain medication; DOC says this is due to history of substance abuse. No protocol appears to exist to address this. He will see GI specialist soon.	Investigation Substantiated
48.	Level 2 grievance response was overdue, so complainant submitted an appeal to the GPM. He received Level 2 response two days later, so he then wrote the official Level 3 appeal two days after that. However, the grievance coordinator accepted the appeal to the GPM as the Level 3 appeal although that is not what the complainant intended. The document he intended to submit as the Level 3 appeal was ignored. When he gets his Level 3 investigation response, they're only going to address his letter to the GPM.	DOC GPM said that she thought it could be fixed in the system and she would work with grievance coordinator to find solution.	Assistance Provided
49.	Medical concern. Complainant's concern relates to Labor & Industries claim. DOC did not file claim at time of complainant's injury and DOC has since refused to do so, as so much time has passed since the incident.	Multiple discussions with HQ, Labor & Industries, and facility. Spoke with complainant and informed him that HQ states the claim can be filed if he asks. HSM at current facility notified OCO that claim is being initiated.	Assistance Provided

50.	Complainant has issues with a CO that led to him not being able to work at his job in the kitchen anymore. He has filed grievances for the staff misconduct and would like his job back.	Reviewed appeal. Cannot further impact change or substantiate.	Unable to Substantiate
51.	Communication to complainant's loved one is held well beyond the 48-hour maximum. This has been a pattern for a while and complainant believes it is discriminatory.	No grievance on file. Spoke with person and told them to have their loved one grieve to a level 3 for mail HQ response.	Lack Jurisdiction
52.	Complainant is being misgendered by DOC staff; they are not using their preferred pronouns. Two active PREA cases regarding this as this is a violation of the transgender policy. Also states that if they report a PREA violation on a grievance form it is returned.	Reviewed PREA, cannot prove allegation of misgendering. Complainant often has maximum number of grievances filed. Discussed with complainant that other methods of PREA reporting may be more efficient.	Unable to Substantiate
53.	The unit sergeant took away complainant's medically prescribed window coverings (for which he had an HSR) citing HSR as a security threat. This aggravates patient's cluster headaches leading to extreme pain and sleep disruption.	HSR was issued without knowledge of security threat. Provider was trained on HSR limitations. Alternative HSR provided for sunglasses indoors. PULHES code does not indicate need for new cell.	No Violation of Policy
54.	Complainant's food allergies are documented in HSRs. He states that DOC is still confused over what he can and cannot have to eat and does not consistently give him the proper food according to his diet.	Uplifted to Dietary Services Manager and medical team, HSR updated in OMNI and kitchen staff updated on proper food items for specialized diets.	Assistance Provided
55.	Complainant has ongoing health needs due to allergies and HIV and often has to declare medical emergencies to see medical providers. Each time he is charged a co-pay and shouldn't be because these are ongoing medical issues and should have continuous coverage.	Ensured that co-pays were refunded. On-going issue addressed at HQ and at facility level.	Assistance Provided
56.	Complainant has been having sinus and ear problems for over five years. He hasn't gotten a diagnosis for it yet. They have not done any tests to find out what the issue is.	Consultant appointment was scheduled to evaluate patient's complaints.	DOC Resolved

57.	His filling fell out, breaking part of his tooth and exposing a nerve, which has caused an inability to chew on that side and occasional bleeding. He has filed a grievance but it has been denied, citing the categorization of tooth pain as standard care that is not being provided due to DOC's focus on responding to COVID-19. His dental treatment has been delayed for over eight months.	DOC is following COVID-19 protocols limiting dental procedures. Confirmed his appointment is being tracked and will be scheduled as soon as COVID-19 restrictions are lifted (DOC could not provide a timeline).	No Violation of Policy
58.	Complainant is suffering from chronic back pain, has tried to get medical care.	The issue is not fully resolved because he has not received the pain meds, but DOC medical staff are seeing him and evaluating him at this time.	DOC Resolved
59.	Complainant reports not having access to law library and judicial process due to COVID-19 restrictions. Librarian refuses to come to quarantined units, incarcerated individuals do not have access to law library and court filings. Librarian holds power to send PDFs and make photocopies but is not offering the authority to others. Concerned about missing deadlines. Kite responses from Law Librarian indicated that she will not go into quarantined unit because she doesn't want to get sick. Complainant was instructed to use paper sign up but cannot do this because they are not allowed to leave the unit.	The due date for complainant's court filing passed before complainant made the request for legal access. Although access is limited, priority access was given.	No Violation of Policy
60.	Complainant reports retaliation by staff. Complainant has received multiple unjust infractions due to staff not liking him for his polyamorous lifestyle.	Reviewed the hearing, the infraction paperwork, and sanctions. No evidence of retaliation; complainant admits to the actions, and sanctions are in line with guidelines.	Unable to Substantiate
61.	Complainant has several prescribed medications and DOC consistently fails to provide some of them. Once this resulted in an atrial fibrillation attack. He isn't the only one having problems like this with medications.	Confirmed that medications are KOP and need to be submitted prior to last week's doses for timely refills.	Information Provided
62.	DOC will not renew HSR that limits lifting, standing, and sitting at work due to back pain and migraines. DOC medical staff haven't responded in three weeks. Last year	Confirmed that HSRs are on file as of September 2020.	DOC Resolved

	he faced the same problem with renewal and required OCO's help.		
63.	Complainant saw his surgeon in September and was told he would be getting his surgery soon, possibly even within the week. Two months later he still has not received the surgery. DOC staff told him the appointment request was in the system but hadn't been sent to the scheduler. His ERD is in February and he is concerned that DOC will postpone the surgery so he cannot receive it before he releases.	Confirmed that appointment was scheduled and occurred.	DOC Resolved
64.	Complainant is reporting mental health malpractice and unethical practice. He states that a mental health DOC staff member threatened to place him in COA because he refused to respond to unclear questions regarding the mental health staff member receiving multiple complaints about complainant.	Provided DRW contact information over the phone as requested. Complainant withdrew his complaint.	Information Provided
65.	DOC is refusing to give complainant medically recommended tinted lenses and an HSR for a window covering. He has glaucoma, light sensitivity, epilepsy and risk of seizures. He has been experiencing intense migraines due to light exposure.	Tinted lenses in everyday wear glasses approved. HSR was incorrectly issued and removed due to security concerns. Alternative provided: assignment to new cell that receives less direct sunlight.	Assistance Provided
66.	Complainant has extreme, potentially fatal allergic reaction to cucumber. He is consistently experiencing allergic reactions with the regular diet food. He has asked medical to put him on different diets and has even tried unsuccessfully to alter diet through religious procedure.	Ensured that HSR for no pickle, no cucumber now on file.	Assistance Provided
67.	Complainant states he was infraacted with a 603 and appealed the infraction, however DOC did not follow policy and respond within a set timeframe.	OMNI indicates his appeal was received and responded to in the same day. 603 elements appear to be met.	Unable to Substantiate
68.	After taking a UA that came back negative, an officer poured it into another cup and tested it again. The second test came back positive and complainant received a 752 infraction. He filed an appeal three months ago to which DOC has not responded.	COs deny using second cup and no other evidence exists either way. OMNI indicates his appeal was received and responded to.	Unable to Substantiate

69.	Complainant was been repeatedly infracted and then found not guilty. He states this is discrimination.	This was a community custody concern over which we have no jurisdiction. Provided information for next steps.	Lack Jurisdiction
70.	DOC missed complainant's six-month cardiologist appointment. Would like OCO's assistance getting cardiologist appointment scheduled.	Confirmed that in-person appointment has been rescheduled for end of November.	Assistance Provided
71.	Complainant does not have a treatment plan to address eye injury after being attacked by another incarcerated person.	Confirmed up-to-date treatment plans and follow up appointment submitted for continued monitoring.	DOC Resolved
72.	Complainant had not received needed dental procedures until finally having his tooth pulled recently. He still has two more severe cavities that need to be filled. DOC staff told him he is on a long waiting list of patients who need dental care. He requested this dental care last year prior to COVID-19.	Grievance sided with complainant and was withdrawn. Last dental treatment was 2017, so a new exam is needed. Grievance response says informally resolved.	DOC Resolved
73.	Complainant says a DOC dentist damaged three teeth when dental work was performed on abscessed teeth. At fourth visit, complainant reports that dentist refused care and indicated that it would constitute negligence or malpractice. Complainant is still in need of dental treatment.	Provided information for next steps in accessing a dental appointment at newest facility. At time of investigation, found no recent record of dental care appointment request via kite.	Unable to Substantiate
74.	State representative received a letter regarding medical concern from incarcerated individual and followed up with OCO. OCO contacted patient for up-to-date information. Requested a follow up appointment.	No grievances on file for complaints. Suggested he grieve and follow up with OCO if necessary.	Lack Jurisdiction
75.	Complainant's catheter is causing pain and possible infection. He has been seen in the past by multiple providers but the problem has not been resolved.	Confirmed that patient had not been seen by clinician for six months. Condition now resolved but with residual deformity that cannot be repaired with surgery.	Substantiated
76.	Complainant reports that he needs safe and consistent housing. He has been placed in segregation for more than four years total and has been transferred 12 times. Recently a violent individual was assigned to his cell. He grieved this because he feels he is in danger. He wants a single cell housing restriction.	OCO cannot grant or change single cell restrictions; however, we are issuing a report in which DOC agreed to streamline the single cell restriction policies, which will hopefully benefit him.	Substantiated

Olympic Corrections Center

77.	Cataract surgery was originally scheduled for one left eye but was canceled because DOC would not approve surgery when complainant still had one functioning eye. Complainant grieved; response stated that he was scheduled for an appointment with an optometrist in July. The appointment never happened and no one contacted him with an update. The status of the grievance now stands at "informally resolved," although the issue has not been resolved.	Facility medical director met with patient. Entered patient for cataract surgery consult. Surgery was approved for earliest available appointment.	Assistance Provided
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Progress House - Pierce County

78.	Complainant wrote that Progress House was not being properly cleaned and COVID-positive residents are not quarantining.	Met with DOC staff and they are currently following cleaning procedures. They are also utilizing DOH facilities for quarantine.	DOC Resolved
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Reynolds - King County

79.	Complainant was handcuffed too tight by DOC staff. While en route to WCC from Reynolds Work Release, complainant informed staff four times that the cuffs were too tight and were causing pain. The CO ignored him and then told complainant that he would not pull over to adjust the cuffs. Complainant started having a panic/anxiety attack. He later sought medical attention as soon as possible at WCC and is still experiencing problems with his wrist.	DOC has changed transport procedures. They will now use wrist chains and ankle bracelets if traveling over 30 miles.	Assistance Provided
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Stafford Creek Corrections Center

80.	Complainant reports that SCCC grievance coordinator is not processing grievances, changing log ID numbers in the middle of the grievance, saying things are resolved when they weren't, changing appeals and marking as initial grievance. Rejecting and roadblocking.	Grievance issues: researched, reviewed and discussed with GC and administration.	Unable to Substantiate
81.	Complainant had a DME case with OCO regarding a denied renewal for briefs that were issued because he complained of rashes from the regularly issued briefs. DOC told us he needed to complete a DME form to receive them. He did so and has still not been issued the briefs. He has had to sew and patch up his underwear	DOC cannot issue DME without a medical need and there is no record of the patient experiencing rashes. Instructed him to consult with medical team to document	No Violation of Policy

	because of their delays. They are supposed to be provided every six months. His first grievance went to level III but the issue was still not resolved. He has filed another grievance.	medical need if rashes develop. Then reapply for DME.	
82.	Complainant has had wires in his jaw since entering DOC in January. DOC has been instructed by the dentist that they must obtain a negative COVID-19 result 72 hours prior to his appointment to have the wires removed. Two times DOC has failed to get the testing done in time and the appointments have been canceled. He has had these wires in for 9 months and they only needed to be in for 6-7 weeks. The wires tear his cheeks. Complainant also reports that he received CRC approval for reconstructive surgery on his foot but surgery has not been scheduled. In the meantime, the condition of his foot is worsening because it has gone untreated since entering prison.	Confirmed that both procedures (jaw and foot) are scheduled as well as timely COVID pre-surgery testing.	Assistance Provided
83.	Complainant disagrees with medical treatment for his reflex sympathetic dystrophy (RSD) which causes him pain and for the wounds on his leg.	Spoke with complainant by phone. He reports that his care has improved at new facility but will contact us again if needed.	No Violation of Policy
84.	Complainant talked with medical staff about her sweet potato allergy and DOC is refusing an HSR to have the kitchen substitute the sweet potatoes.	Ensured that allergy testing has been ordered. If allergy is confirmed, DOC agreed to issue to HSR for no sweet potato diet.	Assistance Provided
85.	Complainant is in consistent pain, which is exacerbated by seizures. He has experienced delays getting medical appointments and care. He feels they don't believe that he is in pain. One appointment was canceled because he was sent to segregation. He has had chronic pain for eight years and would like to be diagnosed and treated.	Patient informed OCO that he would try scheduling an appointment and would file a grievance if any problems arose. No grievance on file as of closing date.	Lack Jurisdiction
86.	Complainant injured his left shoulder when he fell off of an upper bunk. He was not taken to the hospital at the time and the condition of his shoulder worsened since the accident. He was brought to hospital for an MRI in May; results indicated need for surgery. DOC will not approve the surgery and will only offer physical therapy. Complainant cannot stretch his arms or move his fingers properly.	Learned that off-site surgeon declined surgery due to the need for more intensive PT than DOC offers at the facility. Complainant has a PT plan and will follow up assessment with surgeon after two months.	Lack Jurisdiction

87.	Complainant paid \$250 for glasses. One pair was defective when he got them; a screw kept falling out and is now lost. It was never fixed properly. The lens broke in another pair. The glasses are being held in a cabinet with the sergeant. He has been trying to get this issue fixed for seven months. He has trouble seeing without the glasses.	No grievance on file.	Lack Jurisdiction
88.	Complainant wants DOC to install voice-to-text software in law library; wants his access assistant to be able to assist him in preparing legal documents; wants decision regarding his access to court CD's provided by his lawyer. Wants ASR submitted for CDs.	Alerted DOC to problems with legal CDs; DOC will process ASR for this. Verified that speech-to-text software is not available because word processing is not available for anyone in the law library. Access assistant cannot perform word processing (no one can in law library) but is allowed to assist with tasks involving legal work.	Assistance Provided
89.	In reviewing a different matter for the complainant, OCO reviewed a grievance related to the person's eyeglasses being broken. The grievance response stated that due to COVID, CI Optical was not currently working. However OCO is aware that this is incorrect.	Relayed that according to CI Optical, SCCC medical should be working with him to provide new glasses. If not, please appeal grievance and contact us again.	Information Provided
90.	Complainant's friend had a heart attack in March. DOC staff handled him roughly. 24 hours later he died.	Individual had multiple comorbidities likely related to death. Review of documents, videos, and interviews do not substantiate rough treatment by DOC.	Unable to Substantiate
91.	Another incarcerated person ran into complainant's cell and stabbed him in the face. He feels that I&I put him in danger because they already had a separatee but DOC didn't adhere to it. DOC refuses to move him and they favor the aggressor so much that the aggressor was not infraacted.	Incident determined to be a fight. Investigation supports this. Incarcerated individuals are housed in separate units. Both were infraacted for the same 505 infraaction. Can find no violation of policy.	Unable to Substantiate
92.	Complainant wants to remain in current unit even though he is being promoted out of the unit for good behavior. He has established a strong relationship with his roommate who has helped him avoid experiencing suicidal ideation. The correctional unit supervisor has	Complainant's grievance indicates his concerns were resolved at the facility level. Due to this being a safety concern, information and actions of recourse were given.	DOC Resolved

	threatened to never allow him to see this individual again if complainant complains too much.		
93.	Complainant has had trouble accessing dental care. He recently submitted an emergency medical kite because of a ruptured abscess. It took four days for DOC to respond. He has not received a reply to his grievance. He is afraid of retaliation by the dentist and is in constant pain. DOC charged \$4 for a follow-up visit which is not right.	Confirmed appointment with dental provider and on-going treatment plan. Two co-pays were refunded.	Assistance Provided
94.	Complainant has been taking mental health medication since childhood, but is being denied them by DOC. It is difficult to cope without the medicine.	Reviewed mental health records; complainant was advised to follow up via kite in order to schedule an appointment to discuss medication options. Alerted facility medical director, who followed up with complainant and practitioner.	Unable to Substantiate
95.	Complainant relayed concern that he took a plea deal for 20 years minus good time and in 1990, ISRB started holding him to 720 month minimum.	OCO jurisdiction is unclear, but ultimately, this needs to be appealed to the Court of Appeals.	Information Provided
96.	Complainant was given a urinalysis where a second faint line appeared on the cup. Policy says faint line should be read as negative not positive. Infraction for 752. Wants infraction overturned. This has caused him to lose three years of EFVs with his daughter.	Unable to substantiate the false UA finding; does substantiate the EFV restriction and recommends change. See individual investigation report published.	Unable to Substantiate
97.	Complainant was transferred from CCCC to SCCC. At SCCC, the property staff will not give him his TV because it was never put on his matrix at CCCC. He provided the Union Supply receipt but staff claim that it is fake. They infractioned him for this. Complainant has grieved and tried to resolve this informally by reaching out to property at CCCC and SCCC.	Spoke to father who purchased the television. He informed me that DOC resolved this concern.	DOC Resolved
98.	Complainant was infractioned for fighting, yet he was the one assaulted. He allegedly used his left arm to fight, but his left arm has been incapacitated and was in a sling.	No video exists; officer statement says it was fighting; medical records do not show that it is impossible for him to raise arm. Asked DOC for corrective action and they declined.	Unable to Substantiate
99.	Complainant has neurological disability. Has tried to obtain ASR for tape recorder, electronic Bible reader, and	Confirmed that staff and ADA coordinator had offered him Bible	Assistance Provided

	laser pen, but has not received any response from facility ADA coordinator. Complainant did not want Washington Talking Books and Braille Library device because he cannot choose which version of the Bible he accesses.	access via WTBBL but complainant refused it. Worked with ADA Compliance Manager to propose accommodation status report for tape recorder/Bible provided by family so that they could help complainant select the appropriate version.	
100.	Complainant was recently served with paperwork that says he reported a PREA incident but he didn't make any such report. Complainant is worried that this will have a negative impact on him when he releases.	Spoke with complainant on the phone and answered his questions. Complainant has released so we are unable to investigate or assist further.	Unable to Substantiate
101.	Complainant says he requires asthma and COPD inhalers as well as allergy steroids. He has been trying to get a preventative inhaler re-prescribed. Medical advised him to have the COs call medical if needed. When a CO did call medical, medical declined to provide services.	Prescription was refilled and is valid for a year. Recent appointments on file.	Unable to Substantiate
102.	Complainant meets the criteria for single person housing but is still in a two-man cell. WSP mental health staff approved him for the single cell restriction, but HQ later denied him. He is suffering from trauma from previously being victimized while in a two-person cell and needs a single cell for mental health reasons.	Individual investigation report to be published; DOC will synthesize policies and create one protocol with clear input from healthcare staff included, as well as appeal/grievance rights.	Investigation Substantiated
103.	Complainant's glasses are broken and DOC is beyond grievance response due date. Complainant would like frames replaced.	Substantiated. DOC is beyond due date for response. Complainant can file appeal to level II. Patient must pay for glasses to be replaced because two years have not passed since last eye exam. Provided information.	Information Provided
Washington Corrections Center			
104.	Complainant not receiving adequate diagnostics and medical care for injury to left eye following use of force incident with DOC staff.	Full assessment of left eye, results of which showed refractive error that is correctable with glasses. Patient does not qualify for DOC-	Assistance Provided

		covered glasses, he can purchase through Offender Paid Healthcare.	
105.	Complainant has heart condition and physical disability that limits his movement. He would like support from medical, including crutches.	Complainant was released from prison.	Declined, Other
106.	Complainant went to medical to discuss HSR for lower bunk. The nurse triaging him found that he had a mild fever and cough producing phlegm. The PA refused to see him for those issues and told him he would have to wait 30 days. This seems negligent considering cough and fever could indicate COVID-19.	Chart notes for most recent clinic visits did not reflect COVID-19 complaints. After OCO outreach, he was evaluated for COVID-19 symptoms and found to have none. Per DOC, patient later admitted that he submitted complaint because he felt the provider was performing a procedure in an unsanitary way. HSRs provided or renewed by DOC.	Assistance Provided
107.	Complainant was strip-searched in front of another incarcerated individual in a dayroom. Staff filmed him with a small hand-held camera. He filed a PREA. He states that the investigation is not being conducted properly. Wants OCO help obtaining video. (Not asking OCO to investigate PREA.)	Requested all video from DOC but none exists. Complainant contacted us well past video preservation timelines.	Unable to Substantiate
108.	Complainant is being held in IMS due to gang affiliation. He requested transfer but classification manager overrode recommendation. Complainant also wants his family to be able to visit him.	DOC has approved him for transfer to another facility.	DOC Resolved
109.	Complainant failed to produce a urinalysis sample within the allotted timeframe. Thirty minutes later he felt sick and called a medical emergency. He was given a UA at medical and passed. No drugs were found in his system. He was still given a 607 for not being able to produce a sample earlier. He is work release eligible and doesn't want to lose work release over this.	Requested review by facility administration. No record of UA by medical. Complainant has since been transferred and approved for work release.	No Violation of Policy
110.	Complainant's husband sustained a head injury during a seizure. When he pressed his emergency call button, the CO responded with offensive language and walked away.	Complainant has not filed a grievance on either issue, although he has on other issues. DOC	Unable to Substantiate

	Other incarcerated individuals on the tier pushed their buttons but the officer dismissed their concerns when responding. After nearly three hours, a CO from another unit requested medical attention for him. DOC refuses to provide seizure medication to him.	investigated; no evidence to substantiate. Medical records indicate that he is receiving medications.	
111.	Complainant was pepper sprayed and assaulted by staff and then put in IMU. His mental health is suffering because of this.	Reviewed use of force video and packet. Video does not support complainant's allegations of assault. Mental health concerns were addressed in another case more recently.	Unable to Substantiate
112.	Complainant says that he is being held past the end of his sentence and that he did not get credit for time served at county jail. He has written to headquarters, the jail, and pursued every option available to fix this calculation.	Provided information on next steps.	Lack Jurisdiction
113.	The facility grievance coordinator has not responded to complainant's grievance appeal. He is trying to exhaust the remedies available to him and the lack of response is delaying his medical treatment for Hep-C.	Alerted Grievance Manager. Appointments are delayed for Hep-C patients generally throughout DOC due to focus on COVID-19 response. He is on the waitlist for an appointment.	Information Provided
114.	Complainant reports that his counselor and records staff are discriminating and being prejudiced against him by keeping him past his ERD.	Person released soon after submitting the complaint; no other evidence of discrimination/prejudice.	DOC Resolved
115.	Complainant attempted to raise concerns related to her son's safety and keep-separates but the CPM was rude to her. Her son is being transferred to a facility where he has a keep separate.	Contacted DOC and they changed his unit. Son appears to be adjusting and does not have current safety concerns.	Assistance Provided
116.	Medical issued complainant an HSR allowing him to purchase his own "medical mattress." As the purchase request went up the chain of command, it was denied. He has met with a neurosurgeon and has MRIs that show a medical need for the medical mattress. The decision to deny the HSR was made by someone at HQ, not his medical provider.	CRC denied mattress as "not medically necessary." OCO cannot overturn, but is still working with DOC to improve quality of mattresses.	No Violation of Policy

Washington Corrections Center for Women

117.	Complainant states that her religion does not permit her to share a restroom with trans men. She has tried to resolve this with DOC administrative staff and they state that they cannot make a change and have no control over this situation.	DOC does not offer private bathrooms. The bathrooms have individual stalls.	No Violation of Policy
118.	Complainant wants medical treatment for her ankle. Her March surgery was postponed due to COVID. DOC is refusing to give her a brace. Requested surgery ASAP or EHM release.	Surgery is not medically indicated. Confirmed that her condition is improving and that she has an active treatment plan. Her post-release orthopedist follow up appointment is confirmed. HSRs for braces updated. PCP & FMD met with patient for updated assessment	Assistance Provided
119.	Complainant received 750 infraction. She reports there were clerical errors and discrepancies in the paperwork. Specifically, complainant says that incident report does not correlate with the infraction.	Reviewed video and see that complainant clearly exposed her breasts. Reviewed disciplinary packet; appears to be complete.	No Violation of Policy
120.	Complainant has received infractions as retaliation for reporting sexual abuse.	After reviewing all infractions, we could not substantiate a pattern of retaliation.	Unable to Substantiate
121.	Complainant had a medical emergency and believes she broke her ankle. She has seen medical but does not agree with their assessment.	Initial x-ray suspected fracture. Follow-up x-ray showed none. Ultimately serial x-rays showed fracture was indeed present. Explained that imaging studies are not 100% accurate; serial tests may be necessary.	Information Provided
122.	Complainant feels she has been targeted and harassed by staff. She received an infraction and went to segregation because of it. She was then fired from her job as well.	DOC was not breaking policy by terminating this person from their job. While our investigation confirmed that complainant has had negative interactions with staff, we could not substantiate retaliation.	No Violation of Policy
123.	Complainant claims she was injured several years ago and never treated, now resulting in pain. She reports needing	She received a GI scope to determine her stomach issues, she	Assistance Provided

	to use a wheelchair. She also has medical concerns related to her foot and stomach.	has received custom shoes and she has approved back braces. She may need future surgery. We will continue to follow up on her care.	
124.	Complainant alleged staff misconduct. She filed a grievance against staff for being degrading and bullying when interacting with her. She says that staff didn't take the proper actions when another incarcerated person assaulted her several months ago.	We could not substantiate that DOC staff bullied her by telling her she would go to CCU. She was placed in CCU because of custody points. We could not substantiate an assault from another inmate.	Unable to Substantiate
125.	Complainant wanted to tell kitchen staff that she had items missing from her meal. When she stood up, a CO reprimanded her. An argument ensued and the CO raised his left hand as if to back hand her. She was later cuffed in her unit and taken outside.	She did not receive an infraction and we could not substantiate the allegation that a CO made a violent gesture at her.	Unable to Substantiate
126.	Complainant says she and her roommate are frequently bullied by other incarcerated individuals in the unit. She has been physically assaulted after reporting a PREA concern. She does not feel safe physically, mentally or emotionally and DOC is not providing protection.	The incarcerated individual who assaulted complainant was demoted and infractioned. Complainant had not grieved harassment; instructed her on next steps.	Unable to Substantiate
127.	Complainant heard that an override was put in place that prevented her from being eligible for GRE. According to the policy, a person must be actively enrolled in SOP to qualify for this override reason. The override was placed in February and she did her initial SOP assessment in March and was not enrolled until July. She attempted to file a grievance but it was returned as non-grievable because she needed to appeal to the CPM.	DOC is following eligibility requirements for GRE. Complainant has mandatory court ordered programming.	No Violation of Policy

Washington State Penitentiary

128.	Complainant has not been allowed to shower in seven days. He cannot get a change of clothes. He has difficulty accessing the phones. His toilet is now clogged, and DOC won't fix it.	Informed counselor and confirmed that complainant will receive shower immediately.	Assistance Provided
129.	Complainant had surgery and did not receive a proper explanation of the procedure. He never received a follow up appointment with the surgeon.	Surgeon did not indicate need for follow up appointment. Facility medical team met with complainant several times after	DOC Resolved

		surgery, confirmed he is healing appropriately, and addressed concerns with him directly.	
130.	Complainant underwent sleep study several months ago and still has not received a CPAP machine. DOC issued an HSR for the machine and told him that they would need to take measurements, but that hasn't occurred yet.	Confirmed that he received his CPAP.	DOC Resolved
131.	Complainant's loved one is being investigated for an alleged relationship with a CO. The prison has cut him off from contacting his family, including phone & JPay. Complainant is concerned that she will not be able to contact her loved one regarding ongoing family health concerns. She expressed concern about the impact on his mental health from not being able to contact family.	DOC was acting within policy to restrict phone communication. He has now been transferred and his phone and JPAY access has been restored.	No Violation of Policy
132.	Complainant has broken ribs. The physician said there was some internal bleeding and he needed to plate them back together. The hospital did not have the facilities for that procedure so instead he had to have blood drained from his abdomen for nearly a week. He requested help moving to an alternate facility so he can go to a different hospital.	No grievance on file. OCO cannot overturn CRC medical decisions. Provided information on grievance procedure.	Lack Jurisdiction
133.	Complainant concerned about extended use of IMU for her loved one. He was put into protective custody several weeks ago and DOC will not tell him why or how long he will be there. She is concerned he may be transferred to AHCC despite having been assaulted there in the past.	Explained that her son will not be transferred to AHCC. We discussed conditions of confinement and I explained ad seg policy.	DOC Resolved
134.	Infracted for refusing housing assignment for failure to take upper bunk assignment due to disability. Was sanctioned for ten days segregation but he was housed there for additional 31 days.	Complainant does not have an HSR to demonstrate disability. He was in IMU for extended period as staff were considering max placement; ultimately he was released to close.	No Violation of Policy
135.	Complainant reported concern about an infraction. Wants infraction overturned or reduced. Second concern regarding mold in the facility.	No infraction was issued. Moldy curtains were addressed.	Assistance Provided
136.	Complainant states that property items were missing after being transferred from WSP to SCCC.	Explained that OCO is conducting a systemic review of property concerns, including pack out procedures. Property was not	Substantiated

		inventoried until received by the person and by that time, his property was lost.	
137.	Complainant alleges that he was assaulted by staff, subsequently illegally restrained, and placed in medical. Further alleges that staff are covering up their actions by making false statements.	Reviewed DOC documents and video evidence and met with complainant. Found that DOC incorrectly labeled complainant as assaulter. Error fixed. Medical concerns reviewed in separate case.	Assistance Provided
138.	Complainant reports staff misconduct in IMU.	Complainant has been transferred out of IMU to a medium custody unit at a different facility. Sent OCO review request form in case of additional concerns.	DOC Resolved
139.	Complainant had a restoration pathway for GCT at WSP that they were following. There was an FRMT that they held without him (although it says he was there). Since transferring to CRCC, they are not allowing the pathway. He would like the good time back.	DOC agreed to restore all 45 days of good time.	Assistance Provided
140.	TV was damaged during a move between facilities.	Not enough evidence to support DOC was at fault. Explained that we are currently looking at property systemically, including issues such as this incident.	Unable to Substantiate
141.	Complainant would like renewed HSR for special glasses and hat (he had these at previous facility). He wants to be able to purchase cobalamin (B12), as he once was able to do when he had an approved prescription.	Glasses HSR expired & he needs to meet with a physician at his new facility to renew. Lab results show normal B-12 levels and no medical indication for B-12 prescription. No record of hat HSR on file.	No Violation of Policy
142.	Complainant was diagnosed with chronic heart condition and prescribed multiple medications. He would like a consult done with a cardiologist to find out why he has this disorder. EKG test completed, but complications with DOC care -- started him with a new heart medication when they were conducting the test so that influenced test results. DOC told him they need his mother's medical	He was transferred to jail pending court. OCO cannot assist him while he is in the jail's care/custody, as it is now the jail's responsibility to provide him medical care.	Lack Jurisdiction

records in order to go out for cardiologist/stress test. He feels he doesn't have to provide his mother's records in order to access this care. Nothing in OHP mentions needing family medical records in order to provide care.

143.	Complainant was supposed to have hernia surgery last year. DOC told him to lose weight prior to the surgery. He is in IMU and cannot work out. DOC told him to work with his provider to come up with an alternative weight loss plan. He cut his food portions in half, tried specialized medical and religious diets, he walks in his cell, but he cannot lose weight. Hernia has been increasing in size. He takes mental health medications that cause weight gain and he cannot discontinue them. Given an abdominal binder but it isn't helping. Nurse has told him to grieve the issue. He would like to be able to get a new surgeon consult to see what other options are available.	He was transferred to jail pending court. OCO cannot assist him while he is in the jail's care/custody, as it is now the jail's responsibility to provide him medical care.	Lack Jurisdiction
144.	Complainant saw provider in 2019 for HSR related to serious medical condition. The provider informed him that his medical records were not on file and that she needed medical records to write HSR. The provider said that WCC did not request them during his intake request. Complainant says he requested HSRs for lower bunk, a cane, thermals, shoes, and an extra mattress, which was denied. The provider says accommodations could not be made until records arrived. When the records later arrived they were still missing some documents. His family contacted past provider who informed them that the records were sent in 2019. WSP staff were then able to find his records in overflow.	HSR for no upper bunk & cane on file. No HSR on file for mattress, thermals, shoes. Uplifted records issue to DOC & OCO Director of Patient Safety. Patient needs to make an updated request for HSRs.	Unable to Substantiate
145.	Complainant says he was found guilty for WAC violations 603 and 889 and received the following sanctions: 31 days loss of GCT, 44 days of ET, 180 days loss of phone, visitors, JPAY, store and fee based rec, 1 year loss of special events, 1 VA in 90 days, permanent loss of correspondence with his mom and sister. He appealed and expressed concern that these sanctions were excessive.	Sanctions meet Prison Sanctioning Guidelines; loss of visitation in line with DOC Policy 450.300. However, we have worked with DOC to allow reductions in permanent restrictions - reapply in a year.	No Violation of Policy

146.	Complainant says he was written up for indecent exposure for masturbating in his single cell. A female guard came through tier silently without pushing the button at the entrance that sounds a beep and flashes a blue light to indicate a female is on the tier.	No camera footage exists to establish whether CO pushed PREA alert button; no camera demonstrates what occurred in cell. He said/she said situation and CO's testimony meets low standard of evidence.	Unable to Substantiate
147.	Complainant reports black mold in the shower room, on the shower curtains, that continually reappears. OCO worked case and shower curtains were removed but replaced with the same material and he says the black mold is back already. He says DOC staff lied and told him the new shower curtains would be mold resistant.	Mediated the issue during visit to WSP. However, this is an ongoing issue due to poor ventilation in the unit. Asked he follow up with us if the problem continues.	Assistance Provided
148.	Complainant went to the hospital several months ago during which time his property was taken from his cell. When he returned, he did not have all his property returned to him. He is now being intimidated and harassed by staff. Recently staff told him the only way he was going to get all his property back was if he signed off saying the grievance was resolved. Staff told him that DOC will not infract him if he drops the property issue, but if he doesn't drop the complaint, they will follow through with infractions.	Property staff now have issued him all allowable property. The rest is in long term storage. Reviewed the video to substantiate misconduct; lack of sound makes it impossible to substantiate harassment.	Unable to Substantiate
149.	DOC policy that requires processing of mail within seven days is continuously violated. Mailroom holds mail and JPAY messages for weeks, sometimes up to 28 days. Happens to many people, several of whom have filed grievances. Complainant said this causes social hardship regarding communication with family and friends. Additional, related systemic complaint: mailroom grievances are investigated by mailroom, says this is conflict of interest and should be investigated by investigator removed from mailroom. He refused investigation because of the conflict of interest.	Explained that mailrooms across the state are not meeting their timeframes due to furloughs and the COVID-19 pandemic. Explained that we are monitoring the situation. Provided information to explain why a grievance coordinator may assign a grievance to be investigated by staff from the area of the prison that it relates to. Explained that he may contact OCO if there is a specific grievance that he feels was not handled properly.	Information Provided
150.	Complainant says he was treated for a rash on his arm in March. He was given a second round of antibiotics and told to be put on callout the following week. After three	MRI done in Sept but never received follow up or results of MRI. After OCO outreach, provider	Assistance Provided

	<p>weeks of not being on callout, he messaged medical because the rash had intensified. Medical only provided Tylenol at that time. When he was finally seen several weeks later, he had lost all feeling in the arm. Medical did a culture and it came back as an antibiotic resistant form of staph.</p>	<p>sent kite informing patient of results and notifying him of upcoming specialist appointment.</p>	
151.	<p>Medical issue began at WCC and has continued while at WSP (on-going for almost two years). He says all symptoms point to colon cancer and he needs to see a specialist.</p>	<p>Delay of nearly two years confirmed; reason unknown. Appointment then made for October but rescheduled to December by specialist clinic. Currently stable; labs and exam normal per DOC.</p>	<p>Investigation Substantiated</p>