

**FIRST CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of

**APALACHEE CORRECTIONAL INSTITUTION - EAST**

for the

Physical and Mental Health Survey  
Conducted September 16-18, 2025

**CMA STAFF**

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**I. Overview**

On September 16-18, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Apalachee Correctional Institution East Unit (ACI East). The survey report was distributed on October 31, 2025. In November 2025 ACI East submitted and the CMA approved the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the ACI East survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

**Summary of CAP Assessments for Apalachee Correctional Institution East Unit**

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	4/3/26	25	4	21

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 8 of the 12 physical health findings were corrected. Four physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<b>Emergency Services:</b> <b>Screen 2:</b> Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	X				

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<b>Screen 10:</b> The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	<b>X</b>				
<b>Inpatient Infirmary Care:</b> <b>Screen 2:</b> All orders are received and implemented	<b>X</b>				
<b>Confinement Medical Review:</b> <b>Screen 3:</b> All active medications continue as ordered while inmates are held in special housing		<b>X</b>			
<b>Screen 5:</b> All medical emergencies are responded to timely and appropriately	<b>X</b>				
<b>Screen 7:</b> All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint		<b>X</b>			
<b>Consultations:</b> <b>Screen 4:</b> The provider monitors inmates weekly to determine deterioration or status change			<b>X</b>		
<b>Health Care Grievances:</b> <b>Screen 4:</b> The responses, resolutions, or clinical dispositions are appropriate	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Intra-System Transfers:</u></b> <b>Screen 5:</b> The medical record reflects continuity of care for pending chronic illness clinic appointments	<b>X</b>				
<b><u>Periodic Screenings:</u></b> <b>Screen 4:</b> All diagnostic tests are completed within 28 days prior to the periodic screening encounter		<b>X</b>			
<b><u>PREA:</u></b> <b>Screen 5:</b> Repeat STI testing is completed as required	<b>X</b>				
<b><u>Institutional Tour - Infirmary</u></b> <b>Screen 2:</b> Privacy shields or curtains are available for infirmary beds	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 13 of the 13 mental health findings were corrected. All mental health findings are closed.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Self-Injury and Suicide Prevention</u></b>  <b><u>Review:</u></b>  <b>Screen 3:</b> A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission</p>	<b>X</b>				
<p><b>Screen 4:</b> Guidelines for SHOS management are observed</p>	<b>X</b>				
<p><b>Screen 5:</b> SHOS infirmary orders contain required components, and are received and implemented accordingly</p>	<b>X</b>				
<p><b>Screen 7:</b> Nursing evaluations are completed once per shift</p>	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<b><u>Psychological Emergency:</u></b> <b>Screen 2:</b> If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	<b>X</b>				
<b>Screen 3:</b> Documentation indicates that the clinician considered the inmates history of mental health treatment and past suicide attempts	<b>X</b>				
<b><u>Mental Health Inmate Grievances:</u></b> <b>Screen 1:</b> Grievances are documented in the medical record	<b>X</b>				
<b>Screen 3:</b> Documentation is completed in SOAP note format	<b>X</b>				
<b><u>Special Housing:</u></b> <b>Screen 7:</b> Outpatient mental health treatment continues as indicated while inmates are held in special housing	<b>X</b>				
<b><u>Outpatient Psychotropic Medication Practices:</u></b> <b>Screen 8:</b> Inmates receive medication(s) as prescribed	<b>X</b>				
<b>Screen 15:</b> Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Aftercare Planning:</u></b> <b>Screen 6:</b> Within 30 days of release, the completed summary is sent to the identified community mental health center or clinic closest to the inmate's discharge destination	<b>X</b>				
<b><u>Mental Health Services:</u></b> <b>Screen 3:</b> Annual training for psychiatric restraint use provided to staff	<b>X</b>				

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by ACI-East staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site evaluation.