

**FIRST CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of

**APALACHEE CORRECTIONAL INSTITUTION - WEST**

for the

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

**CMA STAFF**

Monica Dodrill, RN  
Kathy McLaughlin, BS

Distributed on May 26, 2026

**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 West Unit (ACI West). The survey report was distributed on October 31, 2025. In November 2025 ACI West 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 West 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 West Unit**

| CAP # | CAP Assessment Date | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|-------|---------------------|-------------------------|-----------------------|-------------------------|
| 1     | 4/3/26              | 11                      | 3                     | 8                       |

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 4 of the 7 physical health findings were corrected. Three 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 |
|--|--------|---|---|---|---|
| <u>Endocrine Clinic Chronic Illness Clinic:</u><br><b>Screen 5:</b> A dilated fundoscopic examination is completed yearly for diabetic inmates |        |   |   |   | X   |

| 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 |
|--|--------|---|---|---|---|
| <u><b>Immunity Chronic Illness Clinic:</b></u><br><b>Screen 7:</b> There is evidence of hepatitis B vaccination for inmates with no evidence of past infection | X      |   |   |   |   |
| <u><b>Emergency Services:</b></u><br><b>Screen 3:</b> Vital signs including weight are documented  | X      |   |   |   |   |
| <u><b>Outpatient Infirmary Care:</b></u><br><b>Screen 4:</b> Evaluations are documented at least once every eight hours  | X      |   |   |   |   |
| <u><b>Inpatient Infirmary Care:</b></u><br><b>Screen 2:</b> All orders are received and implemented  |        | X   |   |   |   |
| <b>Screen 8:</b> Weekend and holiday clinician phone rounds are completed and documented as required   |        | X   |   |   |   |
| <u><b>Consultations:</b></u><br><b>Screen 3:</b> Consultations are completed in a timely manner as dictated by the clinical needs of the inmate                | X      |   |   |   |   |

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 4 of the 4 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 |
|--|----------|---|---|---|---|
| <b>Self-Injury and Suicide Prevention Review:</b><br><b>Screen 3:</b> A medical provider completes a history and physical for every SHOS/mental Health Observation Status (MHOS) admission | <b>X</b> |   |   |   |   |
| <b>Screen 5:</b> SHOS infirmery orders contain required components, and are received and implemented accordingly   | <b>X</b> |   |   |   |   |
| <b>Screen 6:</b> Inmates on SHOS are observed at the frequency ordered by the clinician  | <b>X</b> |   |   |   |   |
| <u><b>Mental Health Services:</b></u><br><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 West 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.