

**FIRST CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of

**COLUMBIA CORRECTIONAL INSTITUTION ANNEX**

for the

Physical and Mental Health Survey  
Conducted December 3-5, 2024

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**I. Overview**

On December 3-5, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Columbia Correctional Institution - Annex (COLAN). The survey report was distributed on January 14, 2025. In February 2025, COLAN submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the COLAN 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 Columbia Correctional Institution - Annex**

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	4/30/2025	15	8	7

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 4 of the 10 physical health findings were corrected. Six 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 6:</b> Follow-up visits are completed timely		X			
<b>Consultations:</b> <b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		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><u>Medical Inmate Requests:</u></b> <b>Screen 4:</b> The follow-up to the request occurs as intended		X			
<b><u>Intra-System Transfers:</u></b> <b>Screen 3:</b> The inmate's medications reflect continuity of care	X				
<b>Screen 7:</b> A clinician reviews the health record and DC4-760A within seven (7) days of arrival		X			
<b><u>Periodic Screenings:</u></b> <b>Screen 1:</b> The periodic screening encounter is completed within one month of the due date	X				
<b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter		X			
<b>Screen 4:</b> Referral to a clinician occurs if indicated	X				
<b><u>PREA Medical Review:</u></b> <b>Screen 1:</b> The Alleged Sexual Battery Protocol is completed in its entirety	X				
<b><u>Dental Systems:</u></b> <b>Screen 14:</b> The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy					X

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 5 mental health findings were corrected. Two mental health findings will remain open.

<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
<u><b>Self-Injury and Suicide Prevention Review:</b></u> <b>Screen 4:</b> The inmate is observed at the frequency ordered by the clinician	<b>X</b>				
<b>Screen 10:</b> The Individualized Services Plan (ISP) is revised within 14 days of discharge	<b>X</b>				
<u><b>Psychological Emergency:</b></u> <b>Screen 8:</b> There is appropriate follow-up as indicated in response to the emergency	<b>X</b>				
<u><b>Mental Health Inmate Request:</b></u> <b>Screen 4:</b> The follow-up to the request occurs as intended		<b>X</b>			
<u><b>Aftercare Planning:</b></u> <b>Screen 3:</b> Appropriate patient care summaries are completed within 30 days of EOS		<b>X</b>			

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by COLAN 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.