

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT
of
CHARLOTTE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted April 15-17, 2025

CMA STAFF

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I. Overview

On April 15-17, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Charlotte Correctional Institution (CHACI). The survey report was distributed on May 29, 2025. In June 2025, CHACI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the CHACI 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 Charlotte Correctional Institution

| CAP # | CAP Assessment Date | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|-------|---------------------|-------------------------|-----------------------|-------------------------|
| 1 | 11/3/25 | 28 | 5 | 23 |

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 13 of the 16 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>Cardiovascular Chronic Illness Clinic:</u> Screen 6: There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated | 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>Endocrine Clinic Chronic Illness Clinic:</u> Screen 9: Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy | X | | | | |
| <u>Gastrointestinal Chronic Illness Clinic:</u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection | X | | | | |
| <u>Miscellaneous Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination | X | | | | |
| <u>Neurology Chronic Illness Clinic:</u> Screen 4: Abnormal labs are reviewed and addressed in a timely manner | | X | | | |
| <u>Respiratory Chronic Illness Clinic:</u> Screen 3: Medications appropriate for the diagnosis are prescribed | X | | | | |
| <u>Inpatient Infirmary Care:</u> Screen 2: All orders are received and implemented | | X | | | |
| Screen 8: discharge note containing all of the required information is completed as required | 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 |
|--|---------------|--|--|--|--|
| Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge | X | | | | |
| <u>Consultations:</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate | | X | | | |
| Screen 4: The consultation report is reviewed by the clinician in a timely manner | X | | | | |
| Screen 5: The consultant's treatment recommendations are incorporated into the treatment plan | X | | | | |
| <u>Periodic Screenings:</u> Screen 3: All diagnostic tests are completed prior to the periodic screening encounter | X | | | | |
| <u>Medical Inmate Requests:</u> Screen 4: The follow-up to the request occurs as intended | X | | | | |
| <u>Dental Systems:</u> Screen 14: The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy | 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>Physical Health Systems:</u> Screen 2: Sinks and toilets are clean and operational | X | | | | |

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 10 of the 12 mental health findings were corrected. Two mental health findings will 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>Self-Injury and Suicide Prevention Review:</u> Screen 3: Guidelines for SHOS management are observed | | X | | | |
| Screen 4: The inmate is observed at the frequency ordered by the clinician | X | | | | |
| Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge | 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 |
|---|---------------|--|--|--|--|
| Special Housing: Screen 2: Psychotropic medications continue as ordered while inmates are held in special housing | X | | | | |
| Screen 11: Inmates in CM are receiving 1 hour of group or individual counseling each week | | X | | | |
| <u>Outpatient Mental Health Services:</u> Screen 3: Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update | X | | | | |
| Screen 16: The ISP is signed by the inmate and all members of the treatment team | X | | | | |
| <u>Outpatient Psychotropic Medication Practices:</u> Screen 8: The inmate receives medication(s) as prescribed | X | | | | |
| Screen 13: Follow-up sessions are conducted at appropriate intervals | X | | | | |
| <u>Aftercare Planning:</u> Screen 1: Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS) | 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>Mental Health Systems:</u> Screen 2: There is appropriate restraint equipment for the population in all necessary sizes | X | | | | |
| Screen 3: All interviewed staff are able to provide instructions on the application of restraints | X | | | | |

IV. Conclusion

Until appropriate corrective actions are undertaken by CHACI 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.