

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MARTIN CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted July 14-16, 2025

CMA STAFF

Kathy McLaughlin, BS
Christine Swift, LCSW

Distributed on April 3, 2026

I. Overview

On July 14-16, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Martin Correctional Institution (MATCI). The survey report was distributed on September 4, 2025. In October 2025, MATCI submitted, and the CMA approved the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the MATCI 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 Martin Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/14/26	26	16	10

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 5 of the 13 physical health findings were corrected. Eight 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
Endocrine Clinic: Screen 5: A dilated fundoscopic examination is completed yearly for diabetic inmates.		X			
Miscellaneous: Screen 4: Referrals to specialists for more in-depth treatment are made as 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
<p><u>Outpatient Infirmary:</u> Screen 7: Discharge notes containing all of the required information and are completed as required.</p>	X				
<p><u>Inpatient Infirmary:</u> Screen 2: All orders are received and implemented.</p>		X			
<p><u>Confinement Medical Review:</u> Screen 3: All active medications continue as ordered while inmates are held in special housing.</p>		X			
<p><u>Consultations:</u> Screen 3: Consultations are completed in a timely manner as dictated by the clinical needs of the inmate.</p>		X			
<p>Screen 7: All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations.</p>		X			
<p><u>Intra-System Transfers:</u> Screen 8: A clinician reviews the health record and DC4-760A within seven days of arrival.</p>		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
PREA: Screen 3: Prophylactic treatment and follow-up care for STIs are given as indicated.		X			
Screen 7: Inmates are evaluated by mental health the next working day.	X				
Screen 8: Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated.		X			
Inmate Housing Areas: Screen 3: Hot and cold water is available for showering and handwashing.	X				
Screen 5: Over-the-counter medications are available and logged.	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 13 mental health findings were corrected. Eight 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:</u> Screen 1: Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	X				
Screen 3: A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission.	X				
Screen 4: Guidelines for SHOS management are observed.		X			
Screen 5: SHOS infirmary orders contain required components, and are received and implemented accordingly		X			
Screen 6: Inmates on SHOS are observed at the frequency ordered by the clinician.		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 13: Individualized Service Plans (ISP) are revised within 14 days of discharge.		X			
Psychiatric Restraints: Screen 4: The use of an ETO was accompanied by a physician's order specifying the medication as emergency treatment.		X			
Screen 6: Medication administration records (MAR) include identical information to the written or verbal orders for psychotropic medication and are administered as indicated.	X				
Psychotropic Medication Practices: Screen 8: The inmate receives medication(s) as prescribed.		X			
Screen 9: The nurse meets with inmates who refuse psychotropic medication for two consecutive days and refers to the clinician if needed.		X			
Screen 10: The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive or five medication refusals in one month.		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>Aftercare Planning:</u> Screen 4: Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS.	X				
<u>Mental Health Systems Reviews:</u> Screen 2: Outpatient group therapy is offered.	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by MATCI 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.