

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT
of
GASDEN CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey
Conducted August 12-13, 2025

CMA STAFF

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I. Overview

On August 12-13, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Gadsden Correctional Facility (GCF). The survey report was distributed on September 15, 2025. In October 2025, GCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the GCF 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 Gadsden Correctional Facility

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	2/23/26	28	7	21

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 14 physical health findings were corrected. Five 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</u> Screen 5: 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>General Chronic Illness Clinic:</u> Screen 4: Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician.	X				
Screen 5: There is evidence of pneumococcal vaccination or refusal.	X				
<u>Confinement Medical Review:</u> Screen 3: All active medications continue as ordered while inmates are held in special housing.	X				
Screen 4: Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered.	X				
Screen 5: Medical emergencies are responded to promptly and appropriately.	X				
<u>Consultations:</u> Screen 4: The provider monitors the inmates weekly to determine deterioration or status change.		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>Periodic Screenings:</u> Screen 2: Screenings include documentation of vital signs and appropriate follow up.</p>	X				
<p>Screen 3: Screenings are completed in their entirety.</p>	X				
<p>Screen 4: All diagnostic tests are completed within 28 days prior to the periodic screening encounter.</p>	X				
<p><u>PREA Medical Review:</u> Screen 1: The Alleged Sexual Battery Protocol is completed in its entirety</p>			X		
<p>Screen 2: There is documentation that the alleged victim was provided education on sexually transmitted infection (STI)</p>			X		
<p>Screen 5: Repeat STI testing is completed and required</p>			X		
<p>Screen 7: Inmates are evaluated by mental health by the next working day.</p>			X		

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 12 of the 14 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
<p><u>Self-Injury and Suicide Prevention Review:</u> Screen 5: SHOS infirmary orders contain required components and are received and implemented accordingly.</p>		X			
<p>Screen 6: Patients on SHOS are observed at the frequency ordered by the clinician.</p>		X			
<p>Screen 11: Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed.</p>	X				
<p><u>Psychological Emergency:</u> Screen 6: Appropriate interventions are made as indicated by presentation.</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
Screen 8: There is appropriate follow-up as indicated in response to the emergency.	X				
<p style="text-align: center;"><u>Outpatient Mental Health Services:</u></p> Screen 11: ISPs are signed by the inmate and all members of the treatment team.	X				
Screen 15: Case management is provided at least every 60 days for inmates without psychotic disorders.	X				
<p style="text-align: center;"><u>Outpatient Psychotropic Medication Practices:</u></p> Screen 5: Appropriate follow-up laboratory studies are ordered and conducted as required.	X				
Screen 8: Inmates receive medication(s) as prescribed.	X				
<p style="text-align: center;"><u>Aftercare Planning:</u></p> Screen 2: The appropriate consent form is signed by inmates within the required time frame	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 4: Staff assists in applying for Social Security benefits 45-90 day prior to EOS	X				
Screen 6: 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.	X				
<u>Mental Health Systems:</u> Screen 1: 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 GCF 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.