THIRD CORRECTIVE ACTION PLAN
ASSESSMENT
of

GRACEVILLE CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted December 12-14, 2023

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Distributed on August 18, 2025

I. Overview

On December 12-14, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Graceville Correctional Facility (GRCF). The survey report was distributed on February 5, 2024. On March 19, 2024, GRCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the GRCF survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 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 Graceville Correctional Facility

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	**10/9/2024**	**105**	**59**	**46**
2	**4/2/2025**	**59**	**38**	**21**
3	**8/14/2025**	**38**	**26**	**12**

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 4 of the 16 physical health findings were corrected. Twelve 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>Outpatient Infirmary Care:</u> **Screen 3:** The inmate is evaluated within one hour of being placed on observation status		**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: Patient evaluations are documented at least once every eight hours		X			
Screen 7: A discharge note containing all of the required information is completed as required	X				
Inpatient Infirmary Care: **Screen 2:** All orders are received and implemented		X			
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required		X			
Screen 8: A discharge note containing all of the required information is completed as required	X				
Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge	X				
Consultations: **Screen 3:** The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		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 5: The consultant's treatment recommendations are incorporated into the treatment plan		**X**			
Screen 6: All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations		**X**			
Medication And Vaccination Administration: **Screen 3:** If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance		**X**			
Periodic Screenings: **Screen 2:** All components of the screening are completed and documented as required		**X**			
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter		**X**			
PREA Medical Review: **Screen 6:** Repeat STI testing is completed as required		**X**			
Screen 8: The inmate is evaluated by mental health by the next working day	**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: The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated		**X**			

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 8 of the 22 mental health findings were corrected. Fourteen 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
Use of Force: **Screen 4:** Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	**X**				
Mental Health Inmate Request: **Screen 5:** Consent for treatment is obtained prior to conducting an interview	**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
Aftercare Planning: **Screen 1:** Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)		**X**			
Screen 2: The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan		**X**			
Screen 3: Appropriate patient care summaries are completed within 30 days of EOS		**X**			
Screen 4: Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS		**X**			
Special Housing: **Screen 3:** A mental status examination (MSE) is completed in the required time frame		**X**			
Outpatient Psychotropic Medication Practices: **Screen 2:** If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication			**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: Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner			**X**		
Screen 5: Appropriate follow-up laboratory studies are ordered and conducted as required.		**X**			
Screen 8: The inmate receives medication(s) as prescribed		**X**			
Screen 9: The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred 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**			
Screen 12: Informed consents are signed for each medication prescribed	**X**				
Screen 13: Follow-up sessions are conducted at appropriate intervals		**X**			
Screen 14: Documentation of psychiatric encounters is complete and accurate	**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
Outpatient Mental Health Services: **Screen 1:** A consent for treatment is signed prior to treatment and/or renewed annually	X				
Screen 2: The inmate is interviewed by mental health staff within 14 days of arrival	X				
Screen 3: Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	X				
Screen 17: The ISP is reviewed and revised at least every 180 days		X			
Screen 21: Counseling is offered at least once every 60 days		X			
Institutional Tour – Mental Health Services: **Screen 3:** Outpatient group therapy is offered	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by GRCF 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.