FIRST CORRECTIVE ACTION PLAN ASSESSMENT

of

HOMESTEAD CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey Conducted February 11-13, 2025

CMA STAFF

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I. Overview

On February 11-13, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Homestead Correctional Institution (HOMCI). The survey report was distributed on February 21, 2025. In March 2025, HOMCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the HOMCI 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 Homestead Correctional Institution

CAP#	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed	
1	8/13/2025	20	5	15	

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 14 of the 15 physical health findings were corrected. One physical health finding remains 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
Emergency Services:					
Screen 2: The emergency	X				
assessment is appropriate for the					
presenting complaint/condition					
and completed in its entirety					
Screen 6: Follow-up visits are					
completed timely	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: Inmates returning from an outside hospital are evaluated by the clinician within one business	х				
Outpatient Infirmary Care: Screen 2: All orders are received and implemented	х				
Inpatient Infirmary Care: Screen 1: Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	Х				
Screen 2: All orders are received and implemented	х				
Consultations: Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		x			
Medication And Vaccination Administration: Screen 1: The inmate receives medications as prescribed	x				
Screen 4: There is evidence of pneumococcal vaccination or refusal	х				

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
Intra-System Transfers:	V				
Screen 7: A clinician reviews the	Х				
health record and DC4-760A within					
seven (7) days of arrival					
Periodic Screenings:	х				
Screen 3: All diagnostic tests are	^				
completed prior to the periodic					
screening encounter Institutional Tour - Medical Area:					
Screen 5: Medical equipment (e.g.	Х				
oxygen, IV bags, suture kits, exam					
light) is easily accessible and					
adequately maintained					
Institutional Tour – Infirmary:					
Screen 2: Handwashing facilities	X				
are available					
Institutional Tour - Inmate Housing					
<u>Areas:</u>	X				
Screen 4: Over-the-counter					
medications are available and					
logged					
Screen 5: Procedures to assess					
medical and dental sick call are	X				
posted in a conspicuous place					

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 5 mental health findings were corrected. Four 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
Psychological Emergency: Screen 3: Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	x				
Outpatient Psychotropic Medication Practices: 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 14: Documentation of psychiatric encounters is complete and accurate Screen 18: An additional ETO is written for each administration.		X	Х		

IV. Conclusion

Until appropriate corrective actions are undertaken by HOMCI 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.