THIRD 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**
2	**1/7/26**	**5**	**2**	**3**
3	**6/29/26**	**2**	**0**	**2**

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that the remaining physical health finding was corrected. All physical health findings are closed.

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>Consultations:</u> **Screen 3:** The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	**X**				

III. **Mental Health Assessment Summary**

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that the remaining mental health finding was corrected. All mental health findings are closed.

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 Psychotropic Medication Practices: **Screen 14:** Documentation of psychiatric encounters is complete and accurate	**X**				

IV. Conclusion

All findings as a result of the February 2025 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.