

**CORRECTIVE ACTION PLAN
ASSESSMENT
of
HARDEE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted February 7-9, 2023

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I. Overview

On February 7-9, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Hardee Correctional Institution (HARCI). The survey report was distributed on March 13, 2023. In April 2023, HARCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the HARCI 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 Hardee Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	June 28, 2023	32	13	19

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 14 of the 26 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>Endocrine Chronic Illness Clinic</u> Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates.					X
Screen 7: Inmates with HgbA1c over 8% are seen at least every 90 days					X

<u>General Chronic Illness Clinic</u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician					X
<u>Oncology Chronic Illness Clinic</u> Screen 2: There is evidence of an appropriate physical examination	X				
Screen 7: Medications appropriate for the diagnosis are prescribed	X				
<u>Tuberculosis Chronic Illness Clinic</u> Screen 2: There was no evidence a chest X-ray was completed	X				
Screen 3: There is evidence of initial and ongoing education	X				
Screen 4: There is evidence of monthly nursing follow-up	X				
Screen 12: Documentation of the CIC visit includes an appropriate physical examination	X				
<u>Outpatient Infirmary Care</u> Screen 7: A discharge note containing all the required information is completed as required		X			
<u>Inpatient Infirmary Care</u> 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				
<u>Medical Inmate Requests</u> Screen 4: The follow-up to the request occurs as intended	X				
<u>Medication and Vaccine Administration</u> Screen 6: There is evidence of influenza vaccination or refusal		X			
<u>Intra-System Transfers</u> Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival	X				
<u>Periodic Screenings</u> Screen 1: The periodic screening encounter is completed within one month of the due date					X
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
<u>PREA</u> Screen 3: There is documentation that the alleged victim was provided education on STIs		X			
Screen 4: Prophylactic treatment and follow-up care for STIs are given as indicated			X		
Screen 6: Repeat STI testing is completed as required	X				

Screen 7: A mental health referral is submitted following the completion of the medical screening	X				
Screen 8: The inmate is evaluated by mental health by the next working day		X			
Screen 9: The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	X				
<u>Dental Review</u> Screen 4: Dental appointments are completed in a timely manner	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 6 mental health findings were corrected. One mental health finding 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</u> Screen 4: The inmate is observed at the frequency ordered by the clinician</p>		X			
<p><u>Mental Health Inmate Requests</u> Screen 2: The request is responded to within the appropriate time frame</p>	X				
<p>Screen 4: The follow-up to the request occurs as intended</p>	X				
<p>Screen 5: Consent for treatment is obtained prior to conducting an interview</p>	X				
<p><u>Access to Mental Health Services</u> Screen 16: The ISP is signed by the inmate and all members of the treatment team</p>	X				

Screen 24: The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	X				
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IV. Conclusion

Until appropriate corrective actions are undertaken by HARCI 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.