

**SECOND CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**HARDEE CORRECTIONAL INSTITUTION**

for the

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

**CMA STAFF**

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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	6/28/23	32	13	19
2	12/12/23	13	7	6

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that five of the 12 physical health findings were corrected. Seven 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
<b><u>Endocrine Chronic Illness Clinic</u></b> 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				

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<b><u>General Chronic Illness Clinic</u></b> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician					<b>X</b>
<b><u>Outpatient Infirmary Care</u></b> Screen 7: A discharge note containing all the required information is completed as required	<b>X</b>				
<b><u>Inpatient Infirmary Care</u></b> Screen 2: All orders are received and implemented	<b>X</b>				
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required	<b>X</b>				
<b><u>Medication and Vaccine Administration</u></b> Screen 6: There is evidence of influenza vaccination or refusal		<b>X</b>			
<b><u>Periodic Screenings</u></b> Screen 1: The periodic screening encounter is completed within one month of the due date					<b>X</b>
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter					<b>X</b>
<b><u>PREA</u></b> Screen 3: There is documentation that the alleged victim was provided education on STIs		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
Screen 4: Prophylactic treatment and follow-up care for STIs are given as indicated			<b>X</b>		
Screen 8: The inmate is evaluated by mental health by the next working day	<b>X</b>				

### 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.

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Self-Injury and Suicide Prevention</u></b> Screen 4: The inmate is observed at the frequency ordered by the clinician	<b>X</b>				

#### **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.