

**THIRD CORRECTIVE ACTION PLAN
ASSESSMENT**

of

HARDEE CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

Distributed on June 5, 2024

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 |
| 3 | 5/20/2024 | 7 | 4 | 3 |

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 3 of the 7 physical health findings were corrected. Four 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 | | | |

| 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>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>Medication and Vaccine Administration</u> Screen 6: There is evidence of influenza vaccination or refusal | X | | | | |
| <u>Periodic Screenings</u> Screen 1: The periodic screening encounter is completed within one month of the due date | 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 | | | |

Mental Health Assessment Summary

All mental health findings are closed.

III. Conclusion

Until appropriate corrective actions are undertaken by HARCHI 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.