

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

LAWTEY CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted November 2023

CMA STAFF

Lynne Babchuck, LCSW

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I. Overview

In November, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lawtey Correctional Institution (LAWCI). The survey report was distributed on December 23, 2023. In January 2024, LAWCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the LAWCI 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 Lawtey Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	5/25/2024	14	3	11

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 12 physical health findings were corrected. Three 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
Endocrine Clinic Chronic Illness Clinic: Screen 8: Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	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
<p><u>Gastrointestinal Chronic Illness Clinic:</u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection</p>	X				
<p><u>Neurology Chronic Illness Clinic:</u> Screen 5: At each visit there is an evaluation of the control of the disease and the status of the patient</p>	X				
<p><u>Emergency Services:</u> Screen 9: Inmates returning from an outside hospital are evaluated by the clinician within one business day</p>	X				
<p><u>Inpatient Infirmary Care:</u> 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</p>	X				
<p>Screen 3: A thorough nursing assessment is completed within two hours of admission</p>	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
<p><u>Consultations:</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate</p>	X				
<p><u>Medication And Vaccination Administration:</u> Screen 1: The inmate receives medications as prescribed</p>	X				
<p><u>Periodic Screenings:</u> Screen 2: All components of the screening are completed and documented as required</p>	X				
<p>Screen 3: All diagnostic tests are completed prior to the periodic screening encounter</p>		X			
<p><u>PREA Medical Review:</u> Screen 7: A mental health referral is submitted following the completion of the medical screening</p>			X		
<p>Screen 8: The inmate is evaluated by mental health by the next working day</p>			X		

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 mental health findings were 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
<p><u>Self-Injury and Suicide Prevention Review:</u> Screen 4: The inmate is observed at the frequency ordered by the clinician</p>	X				
<p><u>Special Housing:</u> Screen 5: MSEs are sufficient to identify problems in adjustment</p>	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by LAWCI 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 offsite evaluation.