

**CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of  
**POLK CORRECTIONAL INSTITUTION**  
for the  
Physical and Mental Health Survey  
Conducted December 6 -8, 2022

**CMA Staff**

Kathy McLaughlin, BS  
Monica Dodrill, RN

**Surveyors**

Steve Tomicich, APRN  
Blair Jett, RN  
Sharon Mayfield, RN  
Aimee Castro, RN

Distributed on August 1, 2023

**I. Overview**

On December 6-8, 2022, the Correctional Medical Authority (CMA) conducted an onsite physical and mental health survey of Polk Correctional Institution (POLCI). The survey report was distributed on January 18, 2023. In February 2023, POLCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the POLCI 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 Polk Correctional Institution**

CAP #	CAP Assessment Date	Assessment Location	Total # Survey Findings	CAP Finding	Total # Open Findings	Total # Closed Findings
1	6/20/23	Offsite	51	1	25	26

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 24 of the 49 physical health findings were corrected. Twenty-five physical health findings remain open. CF-1 was added for corrective action and monitoring.

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><b><u>Endocrine Chronic Illness Clinic</u></b>                      Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates</p>		X			

Screen 8: Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	X				
Screen 11: Patients are receiving insulin as prescribed		X			
<b><u>Gastrointestinal Chronic Illness Clinic</u></b> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		X			
<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		X			
<b><u>Immunity Chronic Illness Clinic</u></b> Screen 2: There is evidence of an appropriate physical examination.		X			
Screen 10: There is evidence of hepatitis B vaccination for inmates with no evidence of past infection		X			
<b><u>Miscellaneous Chronic Illness Clinic</u></b> Screen 6: Patients are referred to a specialist for more in-depth treatment as indicated	X				
<b><u>Oncology Chronic Illness Clinic</u></b> Screen 3: Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	X				

Screen 9: Patients are referred to a specialist for more in-depth treatment as indicated			X		
<b><u>Tuberculosis Chronic Illness Clinic</u></b> Screen 3: There is evidence of initial and ongoing education	X				
Screen 4: There is evidence of monthly nursing follow-up		X			
Screen 5: Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	X				
Screen 11: The Inmate is seen by the clinician at the completion of therapy	X				
<b><u>Emergency Services</u></b> Screen 4: There is evidence of appropriate and applicable patient education	X				
Screen 5: Findings requiring clinician notification are made in accordance with protocols	X				
Screen 6: Follow-up visits are completed timely	X				
<b><u>Outpatient Infirmary Care</u></b> Screen 1: Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	X				

Screen 2: All orders are received and implemented	<b>X</b>				
Screen 4: Patient evaluations are documented at least once every eight hours		<b>X</b>			
Screen 5: Weekend and holiday clinician phone rounds are completed and documented as required			<b>X</b>		
Screen 7: A discharge note containing all of the required information is completed as required		<b>X</b>			
<b><u>Inpatient Infirmary Care</u></b> Screen 1: Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	<b>X</b>				
Screen 2: All orders are received and implemented		<b>X</b>			
Screen 3: A thorough nursing assessment is completed within two hours of admission	<b>X</b>				
Screen 4: A Morse Fall Scale is completed at the required intervals	<b>X</b>				
Screen 5: Nursing assessments are completed at the required intervals	<b>X</b>				
Screen 6: Clinician rounds are completed and documented as required		<b>X</b>			
Screen 7: Weekend and holiday clinician phone rounds are	<b>X</b>				

completed and documented as required					
Screen 8: A discharge note containing all of the required information is completed as required	X				
Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge	X				
<b><u>Sick Call Services</u></b> Screen 4: Complete vital signs including weight are documented	X				
Screen 6: Referrals to a higher level of care are made in accordance with protocols	X				
Screen 7: Follow-up visits are completed in a timely manner		X			
<b><u>Medical Inmate Requests</u></b> Screen 3: The response to the request is direct, addresses the stated need and is clinically appropriate	X				
<b><u>Medication And Vaccination Administration</u></b> Screen 1: The inmate receives medications as prescribed		X			
Screen 4: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication noncompliance		X			

Screen 5: There is evidence of pneumococcal vaccination or refusal		X			
Screen 7: There is evidence of COVID-19 vaccination or refusal	X				
<b><u>Intra-System Transfers</u></b> Screen 7: A clinician reviews the health record and DC4-760A within 7 days of arrival	X				
<b><u>Periodic Screenings</u></b> 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			
<b><u>PREA Medical Review</u></b> Screen 3: There is documentation that the alleged victim is 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 9: The inmate receives additional mental health care if he/she asked for continued		X			

services or the services are clinically indicated					
<b><u>Dental Care</u></b> Screen 12: Consultations or specialty services are completed timely		X			
<b><u>Inmate Housing Areas</u></b> Screen 4: Over-the-counter medications are available and logged	X				

Finding	Discussion
<b><u>PREA Medical Review</u></b> CF-1: The inmate was not evaluated by mental health by the next working day.	Six of eight PREA interviews were late.



### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that two of two mental health findings were corrected. All mental health findings will close.

<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>Mental Health Inmate Request</u></b> Screen 5: Consent for treatment is obtained prior to conducting an interview	<b>x</b>				
<b><u>Outpatient Mental Health Services</u></b> Screen 2: The inmate is interviewed by mental health staff within 14 days of arrival	<b>x</b>				

### IV. Conclusion

Until appropriate corrective actions are undertaken by POLCI 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.