

**SECOND CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**POLK CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted December 6 -8, 2022

**CMA Staff**

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**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 Added	Total # Open Findings	Total # Closed Findings
1	6/20/23	Off-Site	51	1	25	26
2	11/10/23	Off-Site	26	N/A	16	10

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 10 of the 26 physical health findings were corrected. Sixteen 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 11: Patients are receiving insulin as prescribed		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>
<u><b>Gastrointestinal Chronic Illness Clinic</b></u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		<b>X</b>			
<u><b>General Chronic Illness Clinic</b></u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician		<b>X</b>			
<u><b>Immunity Chronic Illness Clinic</b></u> Screen 2: There is evidence of an appropriate physical examination.		<b>X</b>			
Screen 10: There is evidence of hepatitis B vaccination for inmates with no evidence of past infection		<b>X</b>			
<u><b>Oncology Chronic Illness Clinic</b></u> Screen 9: Patients are referred to a specialist for more in-depth treatment as indicated	<b>X</b>				
<u><b>Tuberculosis Chronic Illness Clinic</b></u> Screen 4: There is evidence of monthly nursing follow-up		<b>X</b>			
<u><b>Outpatient Infirmary Care</b></u> Screen 4: Patient evaluations are documented at least once every eight hours	<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 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 2: All orders are received and implemented	<b>X</b>				
Screen 6: Clinician rounds are completed and documented as required	<b>X</b>				
<b><u>Sick Call Services</u></b> Screen 7: Follow-up visits are completed in a timely manner		<b>X</b>			
<b><u>Medication And Vaccination Administration</u></b> Screen 1: The inmate receives medications as prescribed	<b>X</b>				
Screen 4: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication noncompliance		<b>X</b>			
Screen 5: There is evidence of pneumococcal vaccination or refusal	<b>X</b>				

<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>Periodic Screenings</u></b> Screen 1: The periodic screening encounter is completed within one month of the due date		<b>X</b>			
Screen 2: All components of the screening are completed and documented as required		<b>X</b>			
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter		<b>X</b>			
<b><u>PREA Medical Review</u></b> Screen 3: There is documentation that the alleged victim is provided education on STIs	<b>X</b>				
Screen 4: Prophylactic treatment and follow-up care for STIs are given as indicated			<b>X</b>		
Screen 6: Repeat STI testing is completed as required			<b>X</b>		
Screen 9: The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated			<b>X</b>		
<b><u>Dental Care</u></b> Screen 12: Consultations or specialty services are completed timely	<b>X</b>				

Finding	Discussion
<p><b><u>PREA Medical Review</u></b>  CF-1: The inmate was not evaluated by mental health by the next working day.</p>	<p>1 of 2 PREA interviews were late. This finding will remain open.</p>

### III. Mental Health Assessment Summary

All findings are closed.

### 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.