

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT
of
POLK CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted February 17-19, 2026

CMA STAFF

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I. Overview

On February 17-19, 2026, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Polk Correctional Institution (POLCI). The survey report was distributed on March 19, 2026. In April 2026, 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	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	9/17/26	19	7	12

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 8 of the 11 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
<u>Immunity Chronic Illness Clinic:</u> Screen 3: There is evidence of an appropriate physical examination					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>Miscellaneous Chronic Illness Clinic:</u> Screen 4: Referrals to specialists for more in-depth treatment are made as indicated		X			
<u>Inpatient Infirmary Care:</u> Screen 2: All orders are received and implemented	X				
<u>Medical Confinement:</u> Screen 3: All active medications continue as ordered while inmates are held in special housing	X				
Screen 5: All medical emergencies are responded to timely and appropriately	X				
Screen 6: Medical inmate requests are responded to timely and appropriately	X				
<u>Medication And Vaccination Administration:</u> Screen 3: Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	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>Periodic Screenings:</u> Screen 3: Screenings are completed in their entirety	X				
Screen 4: All diagnostic tests are completed within 28 days prior to the periodic screening encounter	X				
<u>PREA:</u> Screen 8: Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	X				
<u>Inmate Housing Areas:</u> Screen 3: Hot and cold water are available for showering and handwashing.					X

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 4 of the 8 mental health findings were corrected. Four mental health findings will 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>Self-Injury and Suicide Prevention Review:</u> Screen 3: A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	X				
Screen 4: Guidelines for SHOS management are observed	X				
Screen 5: SHOS infirmery orders contain required components, and are received and implemented accordingly		X			
Screen 6: Inmates on SHOS are observed at the frequency ordered by the clinician		X			
Screen 7: Nursing evaluations are completed once per shift	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>Psychological Emergency:</u> Screen 8: There is appropriate follow-up as indicated in response to the emergency	X				
<u>Use of Force:</u> Screen 3: There is evidence physical health staff completed a referral to mental health staff		X			
Screen 4: Documentation indicates mental health staff interviewed inmates by the next working day to assess whether a higher level of mental health care is needed		X			

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.