

# JACKSON CORRECTIONAL INSTITUTION



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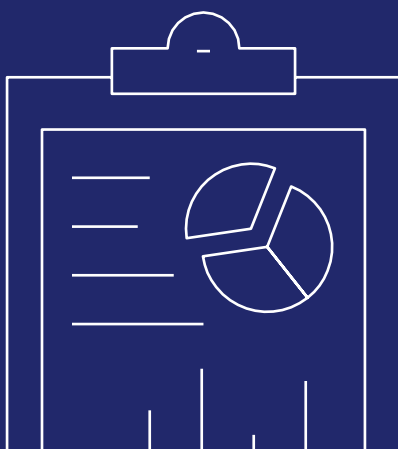
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## BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large.
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining whether:

- Inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care
- Inmates receive adequate and appropriate mental health screening, evaluation, and classification
- Inmates receive complete and timely orientation on how to access physical, dental, and mental health services
- Inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning
- Inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate
- Inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- Inmates have access to timely and appropriate referral and consultation services
- Psychotropic medication practices are safe and effective
- Inmates are free from the inappropriate use of restrictive control procedures
- There is sufficient documentation exists to provide a clear picture of the inmate's care and treatment
- There are enough qualified staff to provide adequate treatment

## METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (**rating achieved/possible rating**) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Jackson Correctional Institution (JACCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1 and 2, and psychology (S) grades 1, 2, and 3. JACCI consists of a Main Unit and two work camps.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Capacity</b>	1523	<b>Main Census</b>	1161
<b>Satellite Unit(s) Capacity</b>	573	<b>Current Satellite(s) Census</b>	393
<b>Total Capacity</b>	2096	<b>Total Current Census</b>	1554

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	942	557	16	0	7	174	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	1104	113	305	0	0	0	1

### Inmates Assigned to Special Housing Status

<b>Confinement/ Close Management</b>	<b>DC</b>	<b>AC</b>	<b>PM</b>	<b>CM3</b>	<b>CM2</b>	<b>CM1</b>
	170	86	6	0	73	8

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	.20	0
Clinical Associate	1	0
Registered Nurse	6.4	0
Licensed Practical Nurse	5.6	1.6
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	.5	.5

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	1	0
Psychological Services Director	0	0
Psychologist	0	0
Mental Health Professional	2	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health RN	1	1
Mental Health LPN	0	0
Mental Health Clinical Director	1	0
Mental Health Clerk	1	0

# JACKSON CORRECTIONAL INSTITUTION

The CMA conducted a thorough review of the medical, mental health, and dental systems at JACCI on July 8-10, 2025. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Detailed below are results from the institutional survey of JACCI. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
Physical Health Survey Findings	3	Mental Health Survey Findings	9

# Physical Health Survey Findings

## Chronic Illness Clinics

### *Cardiovascular Chronic Illness Clinic*

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of an appropriate physical examination	18	18	0	0	100%
2	Annual laboratory work is completed as required	18	18	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	5	5	0	13	100%
4	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	1	1	0	17	100%
5	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A
Overall Compliance Score 100%						

## Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of an appropriate physical examination	16	16	0	0	100%
2	Annual laboratory work for diabetic inmates is completed as required	13	13	0	3	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	6	6	0	10	100%
4	Abnormal labs are reviewed and addressed in a timely manner	13	13	0	3	100%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	11	10	1	5	91%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	11	11	0	5	100%
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	7	7	0	9	100%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	10	10	0	6	100%
9	Medications appropriate for the diagnosis are prescribed	14	14	0	2	100%
10	Patients are receiving insulin as prescribed	3	3	0	13	100%
11	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
Overall Compliance Score 99%						



## Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of an appropriate physical examination	15	15	0	0	100%
2	Annual laboratory work is completed as required	15	15	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	15	15	0	0	100%
4	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
5	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	15	15	0	0	100%
6	Abdominal ultrasounds are completed at the required intervals	14	13	1	1	93%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	15	15	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	14	100%
9	Inmates are evaluated and staged appropriately to determine treatment needs	1	1	0	14	100%
10	Hepatitis C treatment is started within the appropriate time frame	1	1	0	14	100%
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	14	100%
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	15	N/A
Overall Compliance Score 99%						

## General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate to their diagnoses	14	14	0	0	100%
2	At each clinic visit there will be an evaluation as to the control of the disease and patient status	14	14	0	0	100%
3	Appropriate patient education is provided	14	14	0	0	100%
4	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	14	14	0	0	100%
5	There is evidence labs are available to the clinician prior to the visit and are reviewed	13	13	0	1	100%
6	There is evidence of pneumococcal vaccination or refusal	12	12	0	2	100%
7	There is evidence of influenza vaccination or refusal	14	14	0	0	100%
Overall Compliance Score 100%						

## Immunity Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	13	13	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	13	13	0	0	100%
3	There is evidence of an appropriate physical examination	13	13	0	0	100%
4	Laboratory and imaging studies are completed as recommended by the DOH medical provider	12	12	0	1	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	13	N/A
6	The inmate receives HIV medications as prescribed	13	13	0	0	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	12	12	0	1	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A
Overall Compliance Score 100%						

### *Miscellaneous Chronic Illness Clinic*

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of an appropriate physical examination	10	10	0	0	100%
2	Medications appropriate for the diagnosis are prescribed	8	8	0	2	100%
3	Abnormal labs are reviewed and addressed in a timely manner	3	3	0	7	100%
4	Patients are referred to a specialist for more in-depth treatment as indicated	8	8	0	2	100%
Overall Compliance Score 100%						

## Neurology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of an appropriate physical exam	13	13	0	0	100%
2	Annual laboratory work is completed as required	13	13	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	8	8	0	5	100%
4	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
5	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A
Overall Compliance Score 100%						

## Oncology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of an appropriate physical examination	2	2	0	0	100%
2	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	2	2	0	0	100%
3	Annual laboratory work is completed as required	2	2	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	2	2	0	0	100%
5	Medications appropriate for the diagnosis are prescribed	2	2	0	0	100%
6	Oncological treatments are received as prescribed	0	0	0	2	N/A
7	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	1	100%
Overall Compliance Score 100%						

## Respiratory Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of an appropriate physical examination	16	16	0	0	100%
2	Pulmonary function testing is completed as indicated	16	16	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4	Patients with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	9	9	0	7	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
Overall Compliance Score 100%						

## ***Tuberculosis Chronic Illness Clinic***

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of the Chronic Illness Clinic (CIC) visit includes an appropriate physical examination	5	5	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	5	5	0	0	100%
3	There is evidence of initial and ongoing education	5	5	0	0	100%
4	There is evidence of monthly nursing follow-up	5	5	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	4	4	0	1	100%
6	AST and ALT tests are repeated as ordered by the clinician.	5	5	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	5	N/A
8	Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	1	1	0	4	100%
9	The appropriate medication regimen is prescribed	2	2	0	3	100%
10	The inmate receives medications as prescribed	1	1	0	4	100%
11	The inmate is seen by the clinician at the completion of therapy	2	2	0	3	100%
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	5	N/A
Overall Compliance Score 100%						



## Episodic Care

### Emergency Services

SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Potentially life-threatening conditions are responded to immediately	8	8	0	10	100%
2	An assessment appropriate to the complaint/condition is performed on the appropriate nursing protocol and completed in its entirety	18	18	0	0	100%
3	Vital signs including weight are documented	17	17	0	1	100%
4	There is evidence of appropriate and applicable patient education	18	18	0	0	100%
5	Findings requiring clinician notification are made in accordance with protocols	14	13	1	4	93%
6	Verbal orders received from the clinician and are noted and carried out timely	8	8	0	10	100%
7	Follow-up visits are completed in a timely manner	9	9	0	9	100%
8	Provider's orders from the follow-up visit are completed as required	6	5	1	12	83%
9	Appropriate documentation is completed for patient's requiring transport to a local emergency room	0	0	0	18	N/A
10	The disposition of the patient upon return to the institution is clinically appropriate given the seriousness of the emergency	0	0	0	18	N/A
Overall Compliance Score 97%						

## Outpatient Infirmary Care

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
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	16	16	0	0	100%
2	All orders are received and implemented	16	16	0	0	100%
3	The inmate is evaluated within one hour of being placed on observation status	16	16	0	0	100%
4	Patient evaluations are documented at least once every eight hours	16	16	0	0	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	6	6	0	10	100%
6	The inmate is discharged within 23 hours or admitted to the infirmary for continued care	16	16	0	0	100%
7	A discharge note containing all of the required information is completed as required	13	13	0	3	100%
Compliance Percentage 100%						

## *Inpatient Infirmary Care*

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
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	11	11	0	0	100%
2	All orders were received and implemented	11	11	0	0	100%
3	A thorough nursing assessment is completed within two hours of admission	11	11	0	0	100%
4	A Morse Fall Scale is completed at the required intervals	11	10	1	0	91%
5	Nursing assessments are completed at the required intervals	11	11	0	0	100%
6	All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	2	2	0	9	100%
7	Clinician rounds were completed and documented as required	11	11	0	0	100%
8	Weekend and holiday clinician phone rounds are completed and documented as required	5	5	0	6	100%
9	Nursing discharge notes containing all of the required information are completed as required	10	10	0	1	100%
10	A discharge summary is completed by the clinician within 72 hours of discharge	10	10	0	1	100%
Overall Compliance Score 99%						

## Sick Call Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3	The nursing assessment is completed in its entirety	18	12	6	0	67%
4	Complete vital signs including weight are documented	18	18	0	0	100%
5	There is evidence of applicable patient education	18	16	2	0	89%
6	Findings requiring immediate clinician notification are made in accordance with protocols	2	2	0	16	100%
7	Verbal orders received from the clinician are noted and carried out timely	0	0	0	18	N/A
8	Follow-up visits are completed in a timely manner	6	6	0	12	100%
9	Clinician orders from the follow-up visit are completed as required	5	5	0	13	100%
Overall Compliance Score 94%						

### Sick Call Services Discussion:

Screen 3: In two records, inmates presented to sick call with complaints of skin concerns. However, there was no description of the rash, including the appearance, size and color of the lesions. In the third record, the prompt for “recent weight loss” was documented as “N/A”; however, the inmate had experienced a 35-pound weight loss in the past four months. In the fourth record, the inmate presented to sick call with complaints of a stomach tumor due to a history of neurofibromatosis and acid reflux. The inmate was seen but only the acid reflux was addressed. In the fifth and six records, the required blood sugar levels were not taken as required.

## Other Medical Records Review

### Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	13	12	1	0	92%
2	Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices" DC4-650B is completed at the time of admission and the outcome is clinically appropriate	13	12	1	0	92%
3	All active medications continue as ordered while inmates are held in special housing	7	4	3	6	57%
4	The inmate is seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered.	6	6	0	7	100%
5	Medical emergencies are responded to promptly and appropriately	1	1	0	12	100%
6	Medical inmate requests are responded to timely and appropriately.	6	6	0	7	100%
7	All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	5	5	0	8	100%
Overall Compliance Score 92%						

### Confinement Medical Review Discussion:

Screen 3: In the deficient records, nursing staff documented that inmates did not have their keep on person (KOP) medications with them upon transfer to the confinement unit. There was no evidence that attempts were undertaken to obtain these medications. CMA surveyors were unable to verify that inmates had access to their medications without interruption.

## Consultations

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The consultation is requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	13	13	0	0	100%
2	The referral is processed in a timely manner	13	13	0	0	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	11	6	5	2	55%
4	The provider monitors the patient weekly to determine deterioration or status change	0	0	0	13	N/A
5	The consultation report is reviewed by the clinician in a timely manner	11	10	1	2	91%
6	The consultant's treatment recommendations are incorporated into the treatment plan	10	10	0	3	100%
7	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	10	8	2	3	80%
8	The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	13	N/A
9	There is evidence that the ATP is implemented	0	0	0	13	N/A
Overall Compliance Score						

### Consultation Services Discussion:

Screen 3: In three records routine consultations were not completed within 45 days as required.

- In the first record, an audiology referral due to hearing loss was ordered 1/23/25 but not completed until 4/3/25.
- In the second record, a neurological evaluation of head trauma with zygomatic arch fracture was ordered on 7/29/24 and completed 12/2/24.
- In the third record, a referral for the evaluation of a left inguinal hernia was submitted on 12/12/24 but was not completed until 4/2/25.

In two records, urgent consultations were not completed within 14 business days as required.

- In the first record, the request for urological evaluation for complaints of a renal calculus was requested 11/1/24 and completed 1/3/25.
- In the second record, an urgent oncological evaluation of suspicious lung masses was requested 3/10/25 and completed 4/12/25.

### Medical Inmate Grievances

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	13	13	0	1	100%
2	The identified request is responded to within 15 calendar days from the date of receipt	14	14	0	0	100%
3	Documentation is completed in a SOAP note format	14	14	0	0	100%
4	The response, resolution, or clinical disposition is appropriate	14	14	0	0	100%
Overall Compliance Score 100%						

### Medical Inmate Requests

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2	The request is responded to within the appropriate time frame	18	18	0	0	100%
3	The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4	The follow-up to the request occurs as intended	0	0	0	18	N/A
Overall Compliance Score 100%						

## Medication And Vaccination Administration

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The inmate receives medications as prescribed	12	11	1	0	92%
2	Allergies are listed on the MAR or the medication page in the EMR	12	11	1	0	92%
3	If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	3	3	0	9	100%
Overall Compliance Score 94%						

## Intra-System Transfers

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3	The inmate's medications reflect continuity of care	6	6	0	12	100%
4	The medical record reflects continuity of care for inmate's pending consultations	3	3	0	15	100%
5	The medical record reflects continuity of care for inmate's pending chronic illness clinic appointments	6	6	0	12	100%
6	If the inmate reports a current medical, dental or mental health complaint, the referral, intervention or disposition is appropriate	0	0	0	18	N/A
7	Special passes/therapeutic diets are reviewed and continued	2	2	0	16	100%
8	A clinician reviews the health record and DC4-760A within seven days of arrival	18	17	1	0	94%
Overall Compliance Score 99%						



## Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	17	16	1	0	94%
2	The screening includes documentation of vital signs and appropriate follow-up	17	16	1	0	94%
3	The screening is completed in its entirety	17	17	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	16	15	1	1	94%
5	Referral to a clinician occurs if indicated	6	5	1	11	83%
6	All applicable health education is provided	17	17	0	0	100%
Overall Compliance Score 94%						

## PREA

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	7	7	0	0	100%
2	There is documentation that the alleged victim was provided education on STIs	1	1	0	6	100%
3	Prophylactic treatment and follow-up care for STIs are given as indicated	1	1	0	6	100%
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	7	N/A
5	Repeat STI testing is completed as required	1	1	0	6	100%
6	A mental health referral is submitted following the completion of the medical screening	7	7	0	0	100%
7	The inmate is evaluated by mental health by the next working day	7	7	0	0	100%
8	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	7	N/A
Overall Compliance Score 100%						

# Dental Review

## Dental Care

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Allergies are documented in the EMR	18	18	0	0	100%
2	There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
3	Dental appointments are completed in a timely manner	13	13	0	5	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	13	13	0	5	100%
5	There is evidence of an accurate diagnosis and treatment plan based on a complete dental examination	13	13	0	5	100%
6	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	13	13	0	5	100%
7	Sick call appointments are completed in a timely manner	15	15	0	3	100%
8	Follow-up appointments for sick call or other routine care are completed in a timely manner	8	8	0	10	100%
9	Consultations or specialty services are completed in a timely manner	1	1	0	17	100%
10	Consultant's treatment recommendations are incorporated into the treatment plan	1	1	0	17	100%
11	There is evidence of informed consent or refusal for extractions and/or endodontic care	17	17	0	1	100%
12	The use of dental materials including anesthetic agent are accurately documented	16	16	0	2	100%
13	Applicable patient education for dental services is provided	18	18	0	0	100%
Overall Compliance Score 100%						

## Dental Systems

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately, and the autoclave log is maintained and up to date	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Necessary equipment is available, adequate, and in working order	1	0	0	100%
13	The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy	1	0	0	100%
Overall Compliance Score 100%					

# Mental Health Survey Findings

## Self-Injury and Suicide Prevention

### Self-Injury and Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	9	9	0	0	100%
2	Nursing evaluations are completed within two hours of admission	9	9	0	0	100%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	9	0	9	0	0%
4	Guidelines for SHOS management are observed	3	2	1	6	67%
5	There is evidence all orders were received and implemented accordingly	9	9	0	0	100%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	9	8	1	0	89%
7	Nursing evaluations are completed once per shift	9	7	2	0	78%
8	There is evidence of daily rounds by the attending clinician	9	8	1	0	89%
9	There is evidence of daily counseling provided by mental health staff	9	9	0	0	100%
10	There is evidence of face-to-face evaluation by the clinician prior to discharge	9	8	1	0	89%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	9	7	2	0	78%
12	There is evidence of adequate post-discharge follow-up by mental health staff	9	7	2	0	78%
13	The Individualized Services Plan (ISP) is revised within 14 days of discharge	6	3	3	3	50%
14	Potential changes needed in the patient's care are addressed as clinically indicated	0	0	0	9	N/A
Overall Compliance Score 78%						

### Self-Injury and Suicide Prevention Discussion:

Screen 3: In all records, the required history and physical was not documented.

Screen 11: In both records, the required summary was completed but did not contain all of the pertinent information.

Screen 12: In two records, inmates had intentionally overdosed on keep-on person (KOP) medications resulting in Self-Harm Observation Status (SHOS) admissions. There was no documentation that staff considered changing medications to direct observation therapy (DOT) to the reduce risk of another overdose.

## Access To Mental Health Services

### Psychological Emergency

SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	12	12	0	0	100%
2	If the emergency included physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	3	3	0	9	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	12	11	1	0	92%
4	Documentation indicates the clinician fully assessed suicide risk	12	12	0	0	100%
5	Thorough mental status examinations are completed	12	12	0	0	100%
6	Appropriate interventions are made as indicated by presentation	12	12	0	0	100%
7	Dispositions are clinically appropriate	12	12	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	8	8	0	4	100%
Overall Compliance Score 99%						

### ***Mental Health Inmate Grievances***

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is indication in the record that a grievance was received regarding mental health care	3	3	0	0	100%
2	The identified request is responded to within fifteen (15) calendar days from the date of receipt	3	3	0	0	100%
3	Documentation is completed in SOAP note format and all components are addressed	3	3	0	0	100%
4	The response, resolution, or clinical disposition is appropriate	3	3	0	0	100%
Overall Compliance Score 100%						

### ***Mental Health Inmate Requests***

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Copies of the inmate request forms are present in the electronic health record	14	14	0	0	100%
2	Identified requests are responded to within the appropriate time frame	14	14	0	0	100%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	14	14	0	0	100%
4	Follow-up to the requests occur as intended	9	9	0	5	100%
5	Consents for treatment are obtained prior to conducting an interview	9	9	0	5	100%
Overall Compliance Score 100%						

## Special Housing

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychological emergencies are responded to timely and appropriately	1	1	0	12	100%
2	Mental status exams (MSE) are completed in the required time frame	13	13	0	0	100%
3	Follow-up mental status exams are completed in the required time frame	7	7	0	6	100%
4	MSEs are sufficient to identify any problems in adjustment	13	13	0	0	100%
5	Mental health staff responds to identified problems in adjustment	0	0	0	13	N/A
6	Mental health inmate requests are responded to timely and appropriately	6	6	0	7	100%
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	10	10	0	3	100%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	0	0	0	13	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	13	N/A
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	0	0	0	13	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	13	N/A
12	Mental health staff complete CM referral assessments within five working days	0	0	0	13	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	13	N/A
Overall Compliance Score 100%						



## Use of Force

	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Post use-of-force physical examinations are present in the record	14	14	0	0	100%
2	Post use-of-force physical exams are completed in their entirety	14	14	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	14	14	0	0	100%
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	14	14	0	0	100%
5	Recent changes in the inmate's condition are addressed	2	2	0	12	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	14	14	0	0	100%
<b>Overall Compliance Score 100%</b>						

## Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Valid consent forms are completed prior to the initiation of mental health treatment	18	18	0	0	100%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	13	12	1	5	92%
3	Inmates are interviewed by mental health staff within 14 days of arrival	12	12	0	6	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	12	12	0	6	100%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	3	3	0	15	100%
6	BPSAs are present in the records	18	18	0	0	100%
7	ISPs are individualized and addresses all required components	18	18	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	18	18	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	18	18	0	0	100%

COMPLIANCE SCORE						
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	18	18	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	18	17	1	0	94%
12	ISPs are reviewed and revised at least every 180 days	18	18	0	0	100%
13	Qualifying events are addressed on the ISP	0	0	0	18	N/A
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	1	1	0	17	100%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	17	17	0	1	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	18	18	0	0	100%
17	Frequency of clinical contacts is sufficient	18	18	0	0	100%
Overall Compliance Score 99%						

## Outpatient Psychotropic Medication Practices

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychiatric evaluations are completed prior to initially prescribing psychotropic medication	3	3	0	14	100%
2	If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	17	N/A
3	Appropriate initial laboratory tests are ordered	5	5	0	12	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4	4	0	13	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	16	16	0	1	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	17	17	0	0	100%
7	Drug Except Requests (DER) are clinically appropriate	0	0	0	17	N/A
8	Inmates receive medication(s) as prescribed	17	13	4	0	76%
9	The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refer to the clinician if needed	1	1	0	16	100%
10	Inmates sign DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	1	1	0	16	100%

11	Prescribed medication administration times are appropriate	17	17	0	0	100%
12	Informed consents are signed for each medication prescribed	17	17	0	0	100%
13	Follow-up sessions are conducted at appropriate intervals	17	17	0	0	100%
14	Documentation of psychiatric encounters is complete and accurate	17	17	0	0	100%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	13	13	0	4	100%
16	Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	0	0	0	17	N/A
<b>Overall Compliance Score 98%</b>						

### ***Outpatient Psychotropic Medication Practices Discussion:***

Screen 8: In the first record, the medication administration record (MAR) indicated that on two days the antipsychotic medication was administered at both 1700 and 1800; although the prescription was written to administer the medication nightly. In the second record, there was a noted lapse in prescriptions which disrupted continuity of care. In the third record, Abilify and Cogentin were not administered from 3/23/25 – 3/26/25. In the fourth record, there was a lapse in the melatonin prescription which disrupted continuity of care for several weeks.

## Aftercare Planning

SCREEN QUESTION		COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	11	11	0	0	100%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	11	11	0	0	100%
3	Appropriate patient care summaries are completed within 30 days of EOS	0	0	0	11	N/A
4	Staff assists inmates in applying for Social Security benefits 30-45 days prior to EOS	3	2	1	8	67%
5	Any inmate qualifying for re-entry service planning is provided with a 30 day supply of their current psychiatric medications at the time of release	0	0	0	11	N/A
Overall Compliance Score 89%						

## Institutional Systems Tour

### Medical Area

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%
Compliance Percentage 100%					

### *Infirmary*

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Privacy shields or curtains are available for infirmary beds	1	0	0	100%
3	Infirmary beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%
<b>Compliance Percentage 100%</b>					

### *Inmate Housing Areas*

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
<b>Overall Compliance Score 100%</b>					



## Pharmacy

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2	Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3	The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4	The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5	Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6	A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7	There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%
Overall Compliance Score 100%					

## Psychiatric Restraint

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
2	All equipment is available and in working order	1	0	0	100%
3	All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%
Overall Compliance Score 100%					

### Self-Injury/Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%
Overall Compliance Score 100%					

### Special Housing

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%
Overall Compliance Score 100%					

### Mental Health Services

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Adequate space is available for the mental health department	1	0	0	100%
2	Outpatient group therapy is offered	0	1	0	0%
Compliance Percentage 50%					

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services. Most inmates reported delays in medication renewals which resulted in missed medication doses. They also reported that over the counter (OTC) medications are frequently out of stock in the dorms. They reported that it takes approximately a week to be seen for sick call and the forms are not always available in the dorms. Several inmates stated they had to complete multiple requests before being seen.

Interviewees that had received dental services at the institution reported satisfaction with care. Overall, inmates expressed satisfaction with mental health services and felt the mental health professionals listen to them. They indicated that counseling and case management services are helpful in dealing with psychological symptoms and prison adjustment.

### ***MEDICAL STAFF INTERVIEWS***

Four members of the medical team participated in interviews including nurses, clinical, and administrative staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff was aware of emergency plans and reported security personnel is cooperative and helpful when assistance is required. Staff indicated the biggest challenge is the need for an additional part-time medical provider. Staff reported they are supportive of each other and work well with security as a team to provide excellent care.

### ***MENTAL HEALTH STAFF INTERVIEWS***

One mental health staff participated in an interview and appeared knowledgeable about the inmates on the caseload. Staff demonstrated good clinical knowledge and was familiar with policies and procedures related to the accessing of mental health care. The staff member reported that they have a great team that listens and gets to know the inmates. Staffing shortages was described as the biggest challenge.

### ***SECURITY STAFF INTERVIEWS***

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing. Security staff was complimentary of medical and feel they work well together but that additional medical staff would be helpful.

# Corrective Action and Recommendations

## Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	0
Gastrointestinal Clinic	0
General Chronic Illness Clinics	0
Immunity Clinic	0
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmary Care	0
Inpatient Infirmary Care	0
Sick Call	1
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	1
Consultations	1
Medical Inmate Grievance	0
Medical Inmate Request	0
Medication and Vaccine Administration	0
Intra-System Transfers	0
Periodic Screening	0

PREA Medical Review	0
Female Preventative Health Screening	N/A

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	3

## Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	6
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Grievances	0
Mental Health Inmate Request	0
Special Housing	0
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	0
Outpatient Psychotropic Medications	1

Aftercare Planning	1
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	1
<b>Total Findings</b>	
<b>Total</b>	<b>9</b>

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

## Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at JACCI the CMA makes the following recommendations:

- Ensure consultations and specialty services are completed within the required time frame.
- Ensure nursing assessment protocol forms are completed entirely and documentation is clear and objective.
- Ensure that suicide prevention practices are sufficient to provide for inmate and staff safety.