POLK CORRECTIONAL INSTITUTION

CORRECTIONAL MEDICAL AUTHORITY

February 17-19, 2026

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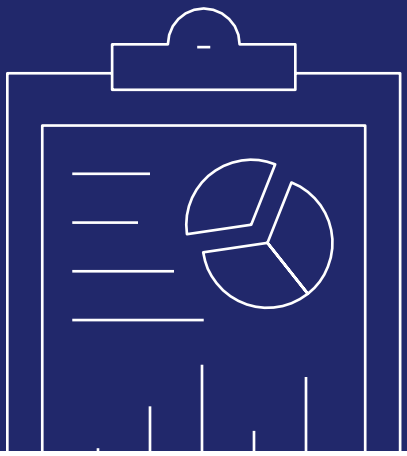

BACKGROUND AND SCOPE

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) 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
- 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

Polk Correctional Institution (POLCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1 and 2. POLCI consists of a Main Unit, work camp, transitional house, road prison, and community release center.[1]

Institutional Potential and Actual Workload

Main Capacity	1340	**Main Census**	1234
Satellite Unit(s) Capacity	580	**Current Satellite(s) Census**	569
Total Capacity	1920	**Total Current Census**	1803

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	1106	578	123	1	0	0

Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**Mental Health Inpatient**			
	1	**2**	**3**	**4**	**5**	**6**	**Impaired**
	1420	104	0	N/A	N/A	N/A	0

Inmates Assigned to Special Housing Status

	DC	**AC**	**PM**	**CM3**	**CM2**	**CM1**
Confinement/ Close Management	47	33	0	0	3	1

[1] Demographic and staffing information were obtained from the Pre-survey Questionnaire.

Medical Unit Staffing

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

Mental Health Unit Staffing

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

POLK CORRECTIONAL INSTITUTION

The CMA conducted a thorough review of the medical, mental health, and dental systems at POLCI on February 17-19, 2026. 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 POLCI. 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	**11**	**Mental Health Survey Findings**	**8**

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	18	17	1	0	94%
2	Annual laboratory work is completed as required	18	18	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	18	18	0	0	100%
4	Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	2	2	0	16	100%
5	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	18	N/A
	Overall Compliance Score 99%					

Endocrine Clinic Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	17	17	0	0	100%
2	Annual laboratory work for diabetic inmates is completed as required	16	16	0	1	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	4	4	0	13	100%
4	Abnormal labs are reviewed and addressed in a timely manner	14	14	0	3	100%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	15	14	1	2	93%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	9	9	0	8	100%
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	9	8	1	8	89%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	13	12	1	4	92%
9	Medications appropriate for the diagnosis are prescribed	16	16	0	1	100%
10	Inmates receive insulin as prescribed	8	8	0	9	100%
11	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
	Overall Compliance Score 97%					

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	Annual laboratory work is completed as required	16	16	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	2	2	0	14	100%
4	Medications appropriate for the diagnosis are prescribed	16	16	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	16	15	1	0	94%
6	Abdominal ultrasounds are completed at the required intervals	16	16	0	0	100%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	1	1	0	15	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
9	Inmates are evaluated and staged appropriately to determine treatment needs	10	10	0	6	100%
10	Hepatitis C treatment is started within the appropriate time frame	9	9	0	7	100%
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	15	100%
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	5	4	1	11	80%
	Overall Compliance Score 98%					

General Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Record	YES	NO	N/A	Compliance Percentage
1	Inmates are 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	Inmates are 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	12	12	0	2	100%
6	There is evidence of pneumococcal vaccination or refusal	14	12	2	0	86%
7	There is evidence of influenza vaccination or refusal	13	13	0	1	100%
	Overall Compliance Score 98%					

Immunity Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	12	12	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	12	12	0	0	100%
3	There is evidence of an appropriate physical examination	9	0	9	3	0%
4	Laboratory and imaging studies are completed as recommended by the DOH provider	12	12	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	1	1	0	11	100%
6	The inmate is receiving HIV medication(s) as prescribed	10	10	0	2	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	12	12	0	0	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	12	N/A
	Overall Compliance Score 86%					

Immunity Chronic Illness Clinic Discussion:

Screen 3: Per Health Services Bulletin 15.03.05 Appendix 6, an annual physical examination is to be provided by the Comprehensive Health Care Contractor. In two records, a physical examination was not documented. In seven records, there was no documented review of the mouth, abdomen, and/or lymphatic system as required.

Miscellaneous Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	11	11	0	0	100%
2	Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	2	2	0	9	100%
4	Referrals to specialists for more in-depth treatment are made as indicated	9	5	4	2	56%
	Overall Compliance Score 89%					

Miscellaneous Chronic Illness Clinic Discussion:

Screen 4: In all four records, patients with glaucoma were not seen timely by the specialist. In three records, follow-up appointments for patients have been pending since July 2025. In the last record, the patient had not been seen since 10/11/23. He refused his appointment in June 2024, and there was no evidence a new appointment had been requested.

Neurology Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	8	7	1	0	88%
2	Annual laboratory work is completed as required	8	8	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	8	8	0	0	100%
4	Medications appropriate for the diagnosis are prescribed	8	8	0	0	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	8	N/A
	Overall Compliance Score 97%					

Oncology Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	8	8	0	0	100%
2	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	8	8	0	0	100%
3	Annual laboratory work is completed as required	8	8	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	2	100%
5	Medications appropriate for the diagnosis are prescribed	3	3	0	5	100%
6	Oncological treatments are received as prescribed	5	5	0	3	100%
7	Referrals to a specialist for more in-depth treatment are made as indicated	1	1	0	7	100%
	Overall Compliance Score 100%					

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	A pulse oximetry is recorded at each visit	16	16	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	8	8	0	8	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
	Overall Compliance Score 100%					

Tuberculosis Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Documentation of the Chronic Illness Clinic (CIC) visits include 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-ups	5	5	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	5	5	0	0	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	0	0	0	5	N/A
9	The appropriate medication regimen is prescribed	5	5	0	0	100%
10	Inmates receive medications as prescribed	5	5	0	0	100%
11	Inmates are seen by the clinican at the completion of therapy	1	1	0	4	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	5	N/A
	Overall Compliance Score 100%					

Episodic Care

Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Potentially life-threatening conditions are responded to immediately	3	3	0	14	100%
2	Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	17	17	0	0	100%
3	Vital signs including weight are documented	17	17	0	0	100%
4	There is evidence of appropriate and applicable patient education	14	14	0	3	100%
5	Findings requiring clinician notification are made in accordance with protocols	17	17	0	0	100%
6	Verbal orders received from the clinician are noted and carried out timely	16	14	2	1	88%
7	Follow-up visits are completed in a timely manner	16	16	0	1	100%
8	Provider's orders from the follow-up visit are completed as required	12	12	0	5	100%
9	Appropriate documentation is completed for inmates requiring transport to a local emergency room	4	4	0	13	100%
10	The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	4	4	0	13	100%
	Overall Compliance Score 99%					

Outpatient Infirmary Care

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Clinician's orders specify whether inmates are admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	10	10	0	0	100%
2	All orders are received and implemented	10	8	2	0	80%
3	Inmates are evaluated within one hour of being placed on observation status	10	10	0	0	100%
4	Evaluations are documented at least once every eight hours	10	10	0	0	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	9	100%
6	Inmates are discharged within 23 hours or admitted to the infirmary for continued care	10	10	0	0	100%
7	Discharge notes containing all of the required information are completed as required	9	9	0	1	100%
	Compliance Percentage 97%					

Inpatient Infirmary Care

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Clinician's orders specify whether inmates are admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	12	12	0	0	100%
2	All orders are received and implemented	12	9	3	0	75%
3	Thorough nursing assessments are completed within two hours of admission	12	12	0	0	100%
4	Morse Fall Scales are completed at the required intervals	12	12	0	0	100%
5	Nursing assessments are completed at the required intervals	12	12	0	0	100%
6	All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	1	1	0	11	100%
7	Clinician rounds are completed and documented as required	12	12	0	0	100%
8	Weekend and holiday clinician phone rounds are completed and documented as required	10	10	0	2	100%
9	Nursing discharge notes containing all of the required information are completed as required	12	12	0	0	100%
10	Discharge summaries are completed by the clinician within 72 hours of discharge	12	12	0	0	100%
	Overall Compliance Score 98%					

Inpatient Infirmary Care Discussion:

Screen 2: In the first record, the provider ordered a urinalysis which was not performed. In the second record, the provider specified that blood pressure should be taken both sitting and lying down. However, there was no evidence this occurred. In the third record, the ordered wound cultures were not documented.

Sick Call Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	Inmates are assessed in the appropriate time frame	18	18	0	0	100%
3	Nursing assessments are completed in their entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	18	0	0	100%
5	There is evidence of applicable patient education	18	18	0	0	100%
6	Findings requiring clinician notification are made in accordance with protocols	1	1	0	17	100%
7	Verbal orders received from the clinician are noted and carried out timely	2	2	0	16	100%
8	Follow-up visits are completed in a timely manner	8	8	0	10	100%
9	Clinician orders from the follow-up visit are completed as required	8	8	0	10	100%
	Overall Compliance Score 100%					

Other Medical Records Review

Confinement Medical Review

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Pre-confinement examinations are completed prior to placement in special housing	16	16	0	0	100%
2	Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	16	16	0	0	100%
3	All active medications continue as ordered while inmates are held in special housing	7	5	2	9	71%
4	Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	1	1	0	15	100%
5	All medical emergencies are responded to timely and appropriately	4	3	1	12	75%
6	Medical inmate requests are responded to timely and appropriately.	2	1	1	14	50%
7	All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	7	6	1	9	86%
	Overall Compliance Score 83%					

Confinement Medical Review Discussion:

Screen 3: In two records, CMA surveyors were unable to determine if inmates had access to their prescribed medications. Documentation indicated that they did not have their active keep-on-person (KOP) medications with them upon transfer to confinement. There was no documentation in the medical record that medications were obtained and provided to the inmates to be administered as KOP or direct observation therapy (DOT).

Screen 5: In this record, the inmate had a laceration to the head which was sutured just prior to admission to confinement on 1/23/26. Additionally, the order indicated the staples should be removed on 1/30/26; however, there was no documentation of wound assessment or staple removal. Staff stated that the staples were removed on 2/8/26, but this encounter was not documented in the health record.

Screen 6: In this record, the inmate requested new glasses as his were lost upon placement in confinement. The response was to access sick call; however, he had already submitted a sick call request. A second request for the glasses was submitted on 2/9/26 and he was told to watch for call out. He had not received the glasses as of the date of the survey.

Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	16	16	0	0	100%
2	Referrals are processed in a timely manner	16	16	0	0	100%
3	Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	16	16	0	0	100%
4	The provider monitors inmates weekly to determine deterioration or status change	0	0	0	16	N/A
5	Consultation reports are reviewed by the clinician in a timely manner	10	8	2	6	80%
6	The consultant's treatment recommendations are incorporated into the treatment plan	5	5	0	11	100%
7	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	5	5	0	11	100%
8	Alternative treatment plans (ATP) are documented in the medical record	0	0	0	16	N/A
9	There is evidence that the ATPs are implemented	0	0	0	16	N/A
	Overall Compliance Score 97%					

Medical Inmate Grievances

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	16	14	2	0	88%
2	The identified requests are responded to within 15 calendar days from the date of receipt	16	16	0	0	100%
3	Documentation is completed in a SOAP note format	16	16	0	0	100%
4	The responses, resolutions, or clinical dispositions are appropriate	16	16	0	0	100%
	Overall Compliance Score 97%					

Medical Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2	Requests are responded to within the appropriate time frame	18	18	0	0	100%
3	Responses are direct, address the stated need and are clinically appropriate	18	18	0	0	100%
4	Follow-up to the requests occur as intended	14	14	0	4	100%
	Overall Compliance Score 100%					

Medication Administration

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Inmates receive medications as prescribed	12	12	0	0	100%
2	Allergies are listed on the medication record (MAR) or the medication page in the EMR	12	12	0	0	100%
3	Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	4	3	1	8	75%
	Overall Compliance Score 92%					

Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				
		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	Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3	Medications reflect continuity of care.	11	11	0	7	100%
4	The medical record reflects continuity of care for pending consultations	0	0	0	18	N/A
5	The medical record reflects continuity of care for pending chronic illness clinic appointments	11	11	0	7	100%
6	Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	0	0	0	18	N/A
7	Special passes/therapeutic diets are reviewed and continued	4	4	0	14	100%
8	A clinician reviews the health record and DC4-760A within seven days of arrival	18	18	0	0	100%
	Overall Compliance Score 100%					

Periodic Screenings

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Periodic screening encounters are completed up to 30 days after the due date	16	14	2	0	88%
2	Screenings include documentation of vital signs and appropriate follow-up	16	16	0	0	100%
3	Screenings are completed in their entirety	16	12	4	0	75%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	16	11	5	0	69%
5	Referrals to a clinician occur if indicated	3	3	0	13	100%
6	All applicable health education is provided	16	16	0	0	100%
	Overall Compliance Score 89%					

Periodic Screenings Discussion:

Screen 3: These records contained discrepant documentation. In one record, the “current” TST was recorded as 1/9/23 and date scheduled as “N/A.” The current TST was not done until 2/12/26, after the screening. In one record, it was documented that the patient had been informed of lab results; however, the labs were not drawn until two weeks after the screening. In another record, it was documented that the periodic screening labs were refused when only the hemoccult had been refused; the other labs were drawn as required. In the last record, it was documented that labs were refused but they had been completed within the appropriate time frame.

Screen 4: In two records, labs were completed after the periodic screening. In one record, the labs were completed the same day as the screening and there were no prior labs available for review. In the last two records, the low dose CT was not done.

PREA

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The Alleged Sexual Battery Protocol is completed in its entirety	6	6	0	0	100%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	0	0	0	6	N/A
3	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	6	N/A
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	6	N/A
5	Repeat STI testing is completed as required	0	0	0	6	N/A
6	Mental health referrals are submitted following the completion of the medical screening	6	6	0	0	100%
7	Inmates are evaluated by mental health by the next working day	6	6	0	0	100%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	1	0	1	5	0%
	Overall Compliance Score 75%					

PREA Discussion:

Screen 8: The mental health PREA evaluation was conducted via tele-health and the inmate stated, “I am not doing well.” The evaluation also indicated that the inmate was disheveled, agitated, angry, paranoid and irritable. He was not on the mental health caseload, and no additional services were offered. Two weeks later the inmate was admitted into Self-Harm Observation Status and subsequently transferred to a crisis stabilization unit where he remained at the time of the survey.

Dental Review

Dental Care

	SCREEN QUESTION	COMPLIANCE SCORE				
		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	15	15	0	3	100%
7	Sick call appointments are completed in a timely manner	4	4	0	14	100%
8	Follow-up appointments for sick call or other routine care are completed in a timely manner	0	0	0	18	N/A
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	6	6	0	12	100%
12	The use of dental materials including anesthetic agent are accurately documented	12	11	1	6	92%
13	Applicable patient education for dental services is provided	18	18	0	0	100%
	Overall Compliance Score 99%					

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				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
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	8	8	0	1	100%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	5	3	2	4	60%
4	Guidelines for SHOS management are observed	4	3	1	5	75%
5	SHOS infirmary orders contain required components, and are received and implemented accordingly	9	5	4	0	56%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	9	5	4	0	56%
7	Nursing evaluations are completed once per shift	9	6	3	0	67%
8	There is evidence of daily rounds by the attending clinician	9	9	0	0	100%
9	There is evidence of daily counseling provided by mental health staff	8	8	0	1	100%
10	There is evidence of face-to-face evaluations by the clinician prior to discharge	8	7	1	1	88%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	7	6	1	2	86%
12	There is evidence of adequate post-discharge follow-up by mental health staff	8	8	0	1	100%
13	Individualized Services Plans (ISP) are revised within 14 days of discharge	2	2	0	7	100%
14	Potential changes needed in inmates' care are addressed as clinically indicated	5	5	0	4	100%
	Overall Compliance Score 85%					

Self-Injury and Suicide Prevention Discussion:

Screen 3: In these records, the medical provider attempted to meet with the patient to complete the evaluation. However, there was not a signed refusal form to accompany the documentation.

Screen 4: In this record, there was no evidence that the attending clinician considered referral to a crisis stabilization unit (CSU) or a documented clinical rationale for continued Self-Harm Observation Status (SHOS) at the infirmary level.

Screen 5: In three records, vital signs were not documented at the frequency ordered by the clinician. Additionally, two of those records also contained discrepant diet orders. In the remaining record, the inmate did not receive his medications as prescribed during the SHOS admission.

Screen 6: In two records, there were one or more blanks on the safety observation checklists. In the other two records, one or more full days of safety observations were missing.

Access To Mental Health Services

Psychological Emergency

		COMPLIANCE SCORE				
	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	13	11	2	0	85%
2	If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	2	2	0	11	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	11	10	1	2	91%
4	Documentation indicates the clinician fully assessed suicide risk	11	10	1	2	91%
5	Thorough mental status examinations are completed	11	10	1	2	91%
6	Appropriate interventions are made as indicated by presentation	11	10	1	2	91%
7	Dispositions are clinically appropriate	11	10	1	2	91%
8	There is appropriate follow-up as indicated in response to the emergency	7	5	2	6	71%
	Overall Compliance Score	**89%**				

Psychological Emergency Discussion:

Screen 8: In one record, the inmate was not referred to mental health for follow-up, after trying to throw himself down several stairs. In the second record, the suicide assessment was not documented. Additionally, the inmate's past mental health and history of violence was not documented, and a mental status examination was not completed. The mental health referral indicated mental health staff could follow up within one week. Because of the incomplete assessment, it was not possible to determine if timelier follow-up was warranted.

Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	12	12	0	0	100%
2	Identified requests are responded to within the appropriate time frame	12	10	2	0	83%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	12	12	0	0	100%
4	Follow-up to the requests occur as intended	10	10	0	2	100%
5	Consents for treatment are obtained prior to conducting an interview	7	7	0	5	100%
Overall Compliance Score 97%						

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Psychological emergencies are responded to timely and appropriately	0	0	0	16	N/A
2	Mental status exams (MSE) are completed in the required time frame	13	13	0	3	100%
3	Follow-up mental status exams are completed in the required time frame	7	7	0	9	100%
4	MSEs are sufficient to identify any problems in adjustment	4	4	0	12	100%
5	Mental health staff responds to identified problems in adjustment	0	0	0	16	N/A
6	Mental health inmate requests are responded to timely and appropriately	1	1	0	15	100%
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	2	2	0	14	100%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	0	0	0	16	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	16	N/A
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	0	0	0	16	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	16	N/A
12	Mental health staff complete the CM referral assessments within five working days	0	0	0	16	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	16	N/A
Overall Compliance Score 100%						

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Post use-of-force physical examinations are present in the record	2	2	0	0	100%
2	Post use-of-force physical examinations are completed in their entirety	2	2	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	2	0	2	0	0%
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	2	1	1	0	50%
5	Recent changes in the inmate's condition are addressed	0	0	0	2	N/A
6	There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	1	100%
	Overall Compliance Score 70%					

Use of Force Discussion:

Screen 3: In one record, there was no evidence of a referral to mental health. In the second record, a routine referral was issued instead of indicating the need for the inmate to be evaluated the next business day.

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Valid consent forms are completed prior to the initiation of mental health treatment	16	15	1	0	94%
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	9	9	0	7	100%
3	Inmates are interviewed by mental health staff within 14 days of arrival	9	9	0	7	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	9	9	0	7	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	13	100%
6	BPSAs are present in the records	16	16	0	0	100%
7	ISPs are individualized and addresses all required components	16	16	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	16	16	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	16	16	0	0	100%

	SCREEN QUESTION	COMPLIANCE SCORE				
		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	16	16	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	15	14	1	1	93%
12	ISPs are reviewed and revised at least every 180 days	16	14	2	0	88%
13	Qualifying events are addressed on the ISP	9	9	0	7	100%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	16	N/A
15	Case management is provided at least every 60 days for inmates without psychotic disorders	16	16	0	0	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	16	16	0	0	100%
17	Frequency of clinical contacts is sufficient	16	16	0	0	100%
Overall Compliance Score 98%						

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%
	Overall Compliance Score 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%
	Overall Compliance Score 100%				

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	0	1	0	0%
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%
	Overall Compliance Score 86%				

Inmate Housing Areas

Screen 18: Multiple cells in Y and G dorms did not have access to hot water.

Pharmacy

		COMPLIANCE SCORE			
	SCREEN QUESTION	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

		COMPLIANCE SCORE			
	SCREEN QUESTION	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	1	0	0	100%
3	Annual training for psychiatric restaint use provided to staff	1	0	0	100%
	Overall Compliance Score 100%				

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 and were generally satisfied with the medical care they received. Approximately one third of the inmates reported difficulty in receiving prescribed medications; however, they reported that over-the-counter medications were usually available in the dorms.

Four of the six inmates receiving mental health services expressed satisfaction with the quality of mental health care. Two indicated they did not feel their counselor was helpful. Five interviewees had received dental services and reported that their issues were addressed appropriately.

MEDICAL STAFF INTERVIEWS

Six members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution**.** Staff reported occasional delays in patients receiving medications, most commonly keep-on-person (KOP) prescriptions. Staff stated that security personnel are generally cooperative but that it can be challenging to get patients to medical after hours, as they have to be escorted, which may place additional demands on security resources. Staff indicated that having a nurse practitioner for sick call services is very beneficial and helps the sick call process run smoothly.

MENTAL HEALTH STAFF INTERVIEWS

The behavioral health specialist appeared knowledgeable about the inmates on the caseload, demonstrated good clinical knowledge and was familiar with policies and procedures related to suicide and self-harm prevention techniques. Staff indicated they all work and communicate well with other staff which helps ensure patients receive excellent care. Staff suggested that additional mental health personnel would be beneficial.

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. Officers correctly verbalized procedures that pertain to inmates being placed in special housing.

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	1
Miscellaneous Clinic	1
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	1
Sick Call	0
Other Medical Records Review	
Assessment Area	**Total Number Finding**
Confinement Medical Review	3
Consultations	0
Medical Inmate Grievance	0
Medical Inmate Request	0
Medication and Vaccine Administration	1
Intra-System Transfers	0
Periodic Screening	2
PREA Medical Review	1

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	1
Total Findings	
Total	**11**

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	**Total Number Finding**
Self-Injury and Suicide Prevention	5
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	**Total Number Finding**
Use of Force	2
Psychological Emergencies	1
Mental Health Inmate Grievance	N/A
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	N/A
Aftercare Planning	N/A

Institutional Tour	
Assessment Area	**Total Number Finding**
Mental Health Systems	**0**
Total Findings	
Total	**8**

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 POLCI the CMA makes the following recommendations:

- Ensure that diagnostic testing is completed as required prior to the periodic screening encounters.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Ensure that medications are delivered to confinement in a timely manner to maintain continuity of care.
- Provide additional training to staff on the policies and procedures related to SHOS admissions.