

**SECOND CORRECTIVE ACTION PLAN  
ASSESSMENT  
of  
SOUTH BAY CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey  
Conducted April 17-18, 2024

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## I. Overview

On April 17-18, 2024, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Bay Correctional Facility (SOBCF). The survey report was distributed on June 4, 2024. In June 2024, SOBCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the SOBCF survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### Summary of CAP Assessments for South Bay Correctional Facility

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	12/10/2024	75	24	51
2	6/25/2025	24	15	9

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 20 physical health findings were corrected. Eleven physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Cardiovascular Chronic Illness Clinic:</u> <b>Screen 8:</b> Patients are referred to a specialist for more in-depth treatment as indicated	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<u><b>Endocrine Clinic Chronic Illness Clinic:</b></u> <b>Screen 6:</b> A dilated fundoscopic examination is completed yearly for diabetic inmates		<b>X</b>			
<b>Screen 11:</b> Patients are receiving insulin as prescribed		<b>X</b>			
<b>Screen 12:</b> Patients are referred to a specialist for more in-depth treatment as indicated	<b>X</b>				
<u><b>Gastrointestinal Chronic Illness Clinic:</b></u> <b>Screen 7:</b> There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		<b>X</b>			
<b>Screen 10:</b> Patients are referred to a specialist for more in-depth treatment as indicated	<b>X</b>				
<u><b>Miscellaneous Chronic Illness Clinic:</b></u> <b>Screen 6:</b> Patients are referred to a specialist for more in-depth treatment as indicated	<b>X</b>				
<u><b>Oncology Chronic Illness Clinic:</b></u> <b>Screen 8:</b> Oncological treatments are received as prescribed	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Emergency Services:</u></b> <b>Screen 5:</b> Findings requiring clinician notification are made in accordance with protocols	<b>X</b>				
<b><u>Outpatient Infirmary Care:</u></b> <b>Screen 2:</b> All orders are received and implemented	<b>X</b>				
<b>Screen 4:</b> Patient evaluations are documented at least once every eight hours		<b>X</b>			
<b><u>Inpatient Infirmary Care:</u></b> <b>Screen 2:</b> All orders are received and implemented		<b>X</b>			
<b>Screen 5:</b> Nursing assessments are completed at the required intervals		<b>X</b>			
<b><u>Consultations:</u></b> <b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		<b>X</b>			
<b>Screen 6:</b> All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Medication And Vaccination Administration:</u></b> <b>Screen 1:</b> The inmate receives medications as prescribed		<b>X</b>			
<b>Screen 3:</b> If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance		<b>X</b>			
<b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal	<b>X</b>				
<b><u>Periodic Screenings:</u></b> <b>Screen 1:</b> The periodic screening encounter is completed within one month of the due date		<b>X</b>			
<b>Screen 2:</b> All components of the screening are completed and documented as required		<b>X</b>			

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 0 of the 4 mental health findings were corrected. Four mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<b><u>Outpatient Psychotropic Medication Practices:</u></b> <b>Screen 8:</b> The inmate receives medication(s) as prescribed		X			
<b>Screen 9:</b> The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed		X			
<b>Screen 10:</b> The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month		X			
<b><u>Special Housing:</u></b> <b>Screen 2:</b> Psychotropic medications continue as ordered while inmates are held in special housing		X			

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by SOBCF staff, and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site evaluation.