FIRST CORRECTIVE ACTION PLAN
ASSESSMENT
of

TOMOKA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted February 3-5, 2026

CMA STAFF
Lynne Babchuck, LCSW
Wanda Castro, RN

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I. Overview

On February 3-5, 2026, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Tomoka Correctional Institution (TOMCI). The survey report was distributed on March 4, 2026. In March 2026, TOMCI submitted and the CMA approved the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the TOMCI 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 Tomoka Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	8/30/26	30	7	23

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 19 of the 24 physical health findings were corrected. Five 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
Endocrine Clinic Chronic Illness Clinic: **Screen 1:** There is evidence of appropriate physical examinations	X				
Screen 4: Abnormal labs are reviewed and addressed in a timely manner	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Screen 6: Inmates with high HgbA1c over 8% are seen at least every 90 days	X				
Screen 9: Medications appropriate for the diagnosis are prescribed	X				
General Chronic Illness Clinic: **Screen 4:** Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician		X			
Immunity Chronic Illness Clinic: **Screen 3:** There is evidence of an appropriate physical examination					X
Miscellaneous Chronic Illness Clinic: **Screen 4:** Referrals to specialists for more in-depth treatment are made as indicated		X			
Neurology Chronic Illness Clinic: **Screen 1:** There is evidence of appropriate physical examinations	X				
Inpatient Infirmary Care: **Screen 2:** All orders are received and implemented		X			
Screen 6: All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider					X

Finding	Closed	**Open:** Evaluation of records indicated an acceptable level of compliance was not met	**Open:** No episodes were available for review	**Open:** Institutional monitoring was inadequate	**Open:** Institutional monitoring indicated compliance was not met
Screen 7: Clinician rounds are completed and documented as required	X				
Screen 8: Weekend and holiday clinician phone rounds are completed and documented as required	X				
Confinement Medical Review: **Screen 4:** Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	X				
Consultations: **Screen 6:** The consultants treatment recommendations are incorporated into the treatment plan	X				
Screen7: All appointments for medical follow-up and/or diagnostic testing are completed as per the consultants recommendations	X				
Medical Inmate Requests: **Screen 3:** Responses are direct, address the stated need and are clinically appropriate	X				
Screen 4: Follow-up to the requests occur as intended	X				

Finding	Closed	**Open:** Evaluation of records indicated an acceptable level of compliance was not met	**Open:** No episodes were available for review	**Open:** Institutional monitoring was inadequate	**Open:** Institutional monitoring indicated compliance was not met
Intra-System Transfers: **Screen 4:** The medical record reflects continuity of care for pending consultations	X				
Screen 8: A clinician reviews the health record and DC4-760A within seven days of arrival	X				
Periodic Screenings: **Screen 1:** Periodic screening encounters are completed up to 30 days after the due date	X				
Screen 3: Screenings are completed in their entirety	X				
Screen 4: All diagnostic tests are completed within 28 days prior to the periodic screening encounter	X				
Screen 5: Referrals to the clinician occur if indicated	X				
Inmate Housing Areas: **Screen 3:** Hot and cold water are available for showering and handwashing	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 4 of the 6 mental health findings were corrected. Two 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 indicated compliance was not met	**Open:** Institutional monitoring indicated compliance was not met
Self-Injury and Suicide Prevention Review: **Screen 3:** A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission		**X**			
Screen 4: Guidelines for SHOS management are observed	**X**				
Screen 6: Inmates on SHOS are observed at the frequency ordered by the clinician.	**X**				

Finding	Closed	**Open:** Evaluation of records indicated an acceptable level of compliance was not met	**Open:** No episodes were available for review	**Open:** Institutional monitoring was inadequate	**Open:** Institutional monitoring indicated compliance was not met
Psychiatric Restraints: **Screen 4:** The use of an ETO has an accompanying order by a physician's order specifying the medication as an emergency treatment. If a verbal order was received it was cosigned within 24 hours			**X**		
Outpatient Psychotropic Medication Practices: **Screen 3:** Appropriate initial laboratory tests are ordered	**X**				
Screen 5: Appropriate Follow-up laboratory studies are ordered and conducted as required	**X**				

IV. Conclusion

Until appropriate corrective actions are undertaken by TOMCI 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.