

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**
of

LOWELL ANNEX CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted May 21-23, 2024

CMA STAFF

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Distributed on January 15, 2025

I. Overview

On May 21-23, 2024, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lowell Annex Correctional Institution (LOWAN). The survey report was distributed on June 28, 2024. In July 2024, LOWAN submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the LOWAN 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 Lowell Annex Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	12/27/24	38	21	17

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 13 of the 29 physical health findings were corrected. Sixteen 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 6: A dilated fundoscopic examination is completed yearly for diabetic inmates					X
Screen 10: Medications appropriate for the diagnosis are prescribed	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>General Chronic Illness Clinic:</u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	X				
<u>Miscellaneous Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination	X				
Screen 5: Abnormal labs are reviewed and addressed in a timely manner	X				
<u>Oncology Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination	X				
Screen 7: Medications appropriate for the diagnosis are prescribed	X				
<u>Outpatient Infirmary Care:</u> Screen 5: Weekend and holiday clinician phone rounds are completed and documented as required	X				
<u>Inpatient Infirmary Care:</u> Screen 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					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 2: All orders are received and implemented					X
Screen 3: A thorough nursing assessment is completed within two hours of admission					X
<u>Sick Call Services:</u> Screen 7: Follow-up visits are completed in a timely manner		X			
<u>Confinement Medical Review:</u> Screen 3: The inmate is seen in chronic illness clinic as regularly scheduled		X			
<u>Consultations:</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
<u>Medical Inmate Requests:</u> Screen 3: The response to the request is direct, addresses the stated need and is clinically appropriate		X			
Screen 4: The follow-up to the request occurs 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
<p><u>Medication And Vaccination Administration:</u> Screen 3: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance</p>					X
<p>Screen 4: There is evidence of pneumococcal vaccination or refusal</p>					X
<p><u>Intra-System Transfers:</u> Screen 4: The medical record reflects continuity of care for inmate's pending consultations</p>		X			
<p>Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival</p>		X			
<p><u>Periodic Screenings:</u> Screen 1: The periodic screening encounter is completed within one month of the due date</p>	X				
<p>Screen 2: All components of the screening are completed and documented as required</p>		X			
<p>Screen 3: All diagnostic tests are completed prior to the periodic screening encounter</p>					X
<p>Screen 4: Referral to a clinician occurs if indicated</p>	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 5: All applicable health education is provided	X				
PREA Medical Review: Screen 6: Repeat STI testing is completed as required			X		
Screen 7: A mental health referral is submitted following the completion of the medical screening	X				
Institutional Tour - Inmate Housing Areas: Screen 2: Sinks and toilets are clean and operational	X				
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 9 mental health findings were corrected. Five 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
<p><u>Self-Injury and Suicide Prevention</u> <u>Review:</u> Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge</p>		X			
<p><u>Use of Force:</u> Screen 2: The post use-of-force physical examination is completed in its entirety</p>	X				
<p><u>Outpatient Psychotropic Medication Practices:</u> Screen 5: Appropriate follow-up laboratory studies are ordered and conducted as required.</p>		X			
<p>Screen 8: The inmate receives medication(s) as prescribed</p>		X			
<p>Screen 10: The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Special Housing:</u> Screen 2: Psychotropic medications continue as ordered while inmates are held in special housing	X				
<u>Outpatient Mental Health Services:</u> Screen 17: The ISP is reviewed and revised at least every 180 days		X			
<u>Institutional Tour - Mental Health Services:</u> Screen 3: Outpatient group therapy is offered					X
<u>Institutional Tour - Special Housing:</u> Screen 1: Confinement rounds are conducted weekly	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by LOWAN 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.