

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

LOWELL CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

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I. Overview

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

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	12/27/24	32	15	17

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 15 of the 24 physical health findings were corrected. Nine 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 2: There is evidence of an appropriate physical examination	X				
Screen 3: At each visit there is an evaluation of the control of the disease and the status of the patient	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: Inmates with HgbA1c over 8% are seen at least every 90 days		X			
Screen 11: Patients are receiving insulin as prescribed	X				
<u>Gastrointestinal Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination	X				
Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		X			
<u>Neurology Chronic Illness Clinic:</u> Screen 4: Abnormal labs are reviewed and addressed in a timely manner		X			
Screen 5: At each visit there is an evaluation of the control of the disease and the status of the patient	X				
<u>Oncology Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination		X			
<u>Tuberculosis Chronic Illness Clinic:</u> Screen 9: The appropriate medication regimen is 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
Outpatient Infirmary Care: Screen 2: All orders are received and implemented	X				
Screen 4: Patient evaluations are documented at least once every eight hours	X				
Inpatient Infirmary Care: Screen 6: Clinician rounds are completed and documented as required	X				
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required	X				
Sick Call Services: Screen 2: The inmate is assessed in the appropriate time frame	X				
Consultations: Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
Medication And Vaccination Administration: Screen 4: There is evidence of pneumococcal vaccination or refusal	X				
Screen 5: There is evidence of influenza vaccination or refusal		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>Periodic Screenings:</u> Screen 3: All diagnostic tests are completed prior to the periodic screening encounter</p>		X			
<p><u>PREA Medical Review:</u> Screen 1: The Alleged Sexual Battery Protocol is completed in its entirety</p>	X				
<p>Screen 7: A mental health referral is submitted following the completion of the medical screening</p>	X				
<p>Screen 8: The inmate is evaluated by mental health by the next working day</p>	X				
<p><u>Female Preventative Health Screenings:</u> Screen 3: Follow-up for abnormal pap smears occurred as ordered by the gynecological clinician.</p>		X			
<p><u>Institutional Tour – Pharmacy:</u> Screen 5: Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly</p>	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 8 mental health findings were corrected. Six 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
<u>Mental Health Inmate Request:</u> Screen 4: The follow-up to the request occurs as intended		X			
<u>Aftercare Planning:</u> Screen 3: Appropriate patient care summaries are completed within 30 days of EOS	X				
Screen 4: Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS					X
<u>Outpatient Psychotropic Medication Practices:</u> Screen 15: Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	X				
<u>Outpatient Mental Health Services:</u> Screen 11: If mental health services are initiated at this institution, the initial ISP is completed within 30 days					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 16: The ISP is signed by the inmate and all members of the treatment team					X
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

IV. Conclusion

Until appropriate corrective actions are undertaken by LOWCI 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.