

**FIRST CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LOWELL CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted May 16-18, 2023

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**I. Overview**

On May 16-18, 2023, 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 July 14, 2023. In August 2023, 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**

<b>CAP #</b>	<b>CAP Assessment Date</b>	<b>Total # Survey Findings</b>	<b>Total # Open Findings</b>	<b>Total # Findings Closed</b>
<b>1</b>	<b>12.7-8.2023</b>	<b>47</b>	<b>19</b>	<b>28</b>

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 14 of the 25 physical health findings were corrected. Eleven physical health findings remain open.

<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>Cardiovascular Chronic Illness Clinic:</b> Screen 6: There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated.	<b>X</b>				
<b>Endocrine Clinic Chronic Illness Clinic:</b> Screen 3: At each visit there is an evaluation of the control of the disease and the status of the patient	<b>X</b>				
Screen 4: Annual laboratory work is completed as required	<b>X</b>				
<b>Gastrointestinal Chronic Illness Clinic:</b> Screen 7: 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>Immunity Chronic Illness Clinic:</b> Screen 2: There is evidence of an appropriate physical examination.	<b>X</b>				

Screen 10: There is evidence of hepatitis B vaccination for inmates with no evidence of past infection		X			
<b>Respiratory Chronic Illness Clinic:</b> Screen 4: A peak flow reading is recorded at each visit		X			
<b>Outpatient Infirmary Care:</b> Screen 2: All orders are received and implemented		X			
Screen 3: The inmate is evaluated within one hour of being placed on observation status	X				
Screen 4: Patient evaluations are documented at least once every eight hours		X			
Screen 6: The inmate is discharged within 23 hours or admitted to the infirmary for continued care	X				
Screen 7: A discharge note containing all of the required information is completed as required		X			
<b>Inpatient Infirmary Care:</b> Screen 5: Nursing assessments are completed at the required intervals	X				
Screen 8: A discharge note containing all of the required information is completed as required		X			
<b>Sick Call Services:</b> Screen 6: Referrals to a higher level of care are made in accordance with protocols	X				

<b>Consultations:</b> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
Screen 6: All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations		X			
<b>Medical Inmate Requests:</b> Screen 3: The response to the request is direct, addresses the stated need and is clinically appropriate	X				
<b>Medication And Vaccination Administration:</b> Screen 1: The inmate receives medications as prescribed		X			
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	X				
<b>Periodic Screenings:</b> Screen 1: The periodic screening encounter is completed within one month of the due date	X				
Screen 2: All components of the screening are completed and documented as required	X				
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter	X				

<b>PREA Medical Review:</b> Screen 1: The Alleged Sexual Battery Protocol is completed in its entirety		<b>X</b>			
<b>Dental Systems:</b> Screen 4: Sharps containers are available and properly utilized	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 14 of the 22 mental health findings were corrected. Eight mental health findings will remain open.

<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>Self-Injury and Suicide Prevention Review:</b> Screen 4: The inmate is observed at the frequency ordered by the clinician	<b>X</b>				
Screen 5: Nursing evaluations are completed once per shift	<b>X</b>				
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge	<b>X</b>				

<b>Outpatient Psychotropic Medication Practices:</b> Screen 3: Appropriate initial laboratory tests are ordered.	<b>X</b>				
Screen 4: Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	<b>X</b>				
Screen 5: Appropriate follow-up laboratory studies are ordered and conducted as required.	<b>X</b>				
Screen 8: The inmate receives medication(s) as prescribed		<b>X</b>			
Screen 9: The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	<b>X</b>				
Screen 12: Informed consents are signed for each medication prescribed	<b>X</b>				
Screen 15: Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	<b>X</b>				
<b>Aftercare Services:</b> Screen 1: Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)		<b>X</b>			
Screen 2: The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan.		<b>X</b>			

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		
<b>Mental Health Inmate Request:</b> Screen 4: The follow-up to the request occurs as intended	X				
<b>Outpatient Mental Health Services:</b> Screen 1: A consent for treatment is signed prior to treatment and/or renewed annually	X				
Screen 9: The Bio-psychosocial (BPSA) is present in the record	X				
Screen 12: The ISP is individualized and addresses all required components		X			
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			
Screen 20: There is evidence the inmate received the mental health services described in the ISP	X				
Screen 23: Case management is provided at least every 60 days for inmates without psychotic disorders	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.