

**FOURTH ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LOWELL CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted February 18 -19, 2015

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CAP Assessment Distributed on July 11, 2016

## **CAP Assessment of Lowell Correctional Institution**

### **I. Overview**

On February 18-19, 2015, 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 March 26, 2015. In April of 2015, 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 February 2015 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.

On July 27, 2015, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on August 26 & 27, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 22 of 46 physical health findings and 21 of 28 mental health findings were corrected. On the Annex, 24 of 55 physical health findings and 20 of 32 mental health findings were corrected. Additional physical health findings, 3 on the Main Unit and 1 on the Annex, were added for in-service training, monitoring, and corrective action.

On November 2, 2015 CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on December 15 & 16, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 6 of 27 physical health findings and 1 of 7 mental health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action. On the Annex, 10 of 32 physical health findings and 7 of 12 mental health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action.

On February 9, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on February 29 & March 1, 2016. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 9 of 22 physical health findings and 4 of 6 mental health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action. On the Annex, 9 of 22 physical health findings and 1 of 5 mental health findings were corrected. One mental health finding was added for in-service training, monitoring, and corrective action.

On May 12, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an on-site CAP assessment was conducted on June 29, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

## II. Physical Health Assessment Summary

### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of 13 physical health findings were corrected. Six physical health findings will remain open

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 4 records, the physical examination was incomplete or missing.</b></p> <p><b>PH-6: In 2 of 7 applicable records, aspirin therapy was not initiated for inmates with vascular disease or other risk factors.</b></p> <p><b>PH-7: In 2 of 9 applicable records, ACE/ARB therapy was not initiated for diabetic inmates experiencing hypertension.</b></p>	<p><b>PH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-4 will remain open.</p> <p><b>PH-6 &amp; PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 &amp; PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-10: In 4 of 16 applicable records, there was no evidence that hepatitis A &amp; B vaccines were given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p> <p><b>PH-11: In 1 of 3 applicable records, there was no referral to a specialist although indicated.</b></p>	<p><b>PH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-10 will remain open.</p> <p><b>PH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-26: In 3 records, there was no evidence that all orders were implemented.</b></p> <p><b>PH-27: In 5 of 10 applicable records, there was no evidence of a discharge note.</b></p>	<p><b>PH-26 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p> <p><b>PH-27 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-33: In 1 of 5 applicable records, the CIC visit did not take place as indicated.</b></p> <p><b>PH-34: In 5 records, there was no evidence that the clinician reviewed the health record and the DC4-760A “Health Information Transfer/Arrival Summary” within 7 days of arrival.</b></p>	<p><b>PH-33 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-33.</p> <p><b>PH-34 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-34 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>PH-36: In 5 of 14 applicable records (18 reviewed), there was no documentation that the interview, appointment, and/or test occurred as intended.</b></p>	<p><b>PH-36 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-36 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-38: In 1 of 4 applicable records (13 reviewed), there was no referral to a clinician although indicated.</b></p>	<p><b>PH-38 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-38.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINICS (CIC)</u></b></p> <p><b>CF-1: In 10 of 10 records reviewed, CIC documentation was incomplete.</b></p>	<p><b>CF-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINICS</u></b></p> <p><b>CF-4: In 7 of 10 records reviewed, inmates were seen at intervals less frequently than required by their M-grade classification.</b></p>	<p><b>CF-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. CF-4 will remain open.</p>

**B. Annex**

The CAP closure files revealed sufficient evidence to determine that 6 of the 13 physical health findings were corrected. Seven physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-6: In 4 of 13 applicable records (17 reviewed), there was no evidence of the annual fundoscopic examination.</b></p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-10: In 9 of 12 applicable records, there was no evidence that hepatitis A &amp; B vaccines were given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p> <p><b>PH-11: In 3 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-12: In 4 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p><b>PH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-10 will remain open.</p> <p><b>PH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p> <p><b>PH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>PH-23: In 4 of 7 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p><b>PH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-23.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-33: In 3 records, there was no evidence that the consultation occurred timely.</b></p> <p><b>PH-34: In 11 records, the diagnosis was not reflected on the problem list.</b></p>	<p><b>PH-33 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-33.</p> <p><b>PH-34 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-34 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-36: In 2 of 6 applicable records, inmates assigned to chronic illness clinics were not seen as scheduled or as necessary upon transfer.</b></p> <p><b>PH-37: In 6 records, there was no evidence the clinician reviewed the inmate's health record within 7 days.</b></p>	<p><b>PH-36 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-36.</p> <p><b>PH-37 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-37 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>PH-40: In 5 of 12 applicable records (17 reviewed), there was no documentation that the interview, appointment, callout, and/or test occurred as intended.</b></p>	<p><b>PH-40 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-40 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-42: In 3 of 15 records reviewed, the screening encounter did not occur within one month of the due date.</b></p>	<p><b>PH-42 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-42 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINICS (CIC)</u></b></p> <p><b>CF-1: In 10 of 10 records reviewed, the physical examinations did not contain all of the required components.</b></p>	<p><b>CF-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINICS</u></b></p> <p><b>CF-2: In 5 of 10 records reviewed, inmates were seen at intervals less frequently than required by their M-grade classification.</b></p>	<p><b>CF-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. CF-2 will remain open.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of 2 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-8: In 8 of 13 applicable records (19 reviewed), follow-up lab tests were not completed as required.</b></p>	<p><b>MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-19: In 5 of 15 applicable records (17 reviewed), the ISP was not signed by a member or members of the multidisciplinary treatment team (MDST) and/or inmate or a refusal was not documented on form DC4-711A.</b></p>	<p><b>MH-19 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-19 will remain open</p>

#### B. Annex

The CAP closure files revealed evidence to determine that 3 of 5 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-19: In 4 of 6 applicable records (14 reviewed), there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</b></p>	<p><b>MH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-23: In 3 of 8 applicable records, the DC4-760A “Health Information Arrival/Transfer Summary” was incomplete or missing.</b></p> <p><b>MH-25: In 8 records, the ISP was not signed by the inmate and a refusal was not documented on form DC4-711A.</b></p>	<p><b>MH-23 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-23 will remain open.</p> <p><b>MH-25 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-25.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>MH-28: In 2 of 10 records, the DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of end of sentence (EOS).</b></p>	<p><b>MH-28 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-28 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>CF-1: In 4 of 7 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p>	<p><b>CF-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

## **IV. Conclusion**

### **Physical Health-Main Unit**

The following physical health findings will close: PH-6, PH-7, PH-11, PH-26, PH-33, PH-38, & CF-1. All other physical health findings will remain open.

### **Physical Health-Annex**

The following physical health findings will close: PH-6, PH-11, MH-23, MH-33, PH-36, & CF-1. All other physical health findings will remain open.

### **Mental Health-Main Unit**

The following mental health findings will close: MH-8. All other mental health findings will remain open.

### **Mental Health-Annex**

The following mental health finding will close: MH-19, MH-25, & CF-1. All other mental health findings will remain open.

Until such time as 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 on-site evaluation.