

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

of

LOWELL CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

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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. The CAP closure files revealed sufficient evidence to determine that 7 of 13 physical health findings and 1 of 2 mental health findings were corrected on the Main Unit. On the Annex, 6 of 13 physical health findings and 3 of 5 mental health findings were corrected.

On October 25, 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 November 30, 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 5 of 6 physical health findings were corrected. One physical health finding will remain open

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-4: In 4 of 16 records reviewed, the physical examination was incomplete or missing.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-10: In 4 of 16 applicable records (17 reviewed), there was no evidence that hepatitis A & B vaccines were given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>PH-27: In 5 of 10 applicable records (12 reviewed), there was no evidence of a discharge note.</p>	<p>PH-27 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-34: In 5 of 18 records reviewed, 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.</p>	<p>PH-34 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-34.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-36: In 5 of 14 applicable records (18 reviewed), there was no documentation that the interview, appointment, and/or test occurred as intended.</p>	<p>PH-36 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-36.</p>

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINICS</u></p> <p>CF-4: In 7 of 10 records reviewed, inmates were seen at intervals less frequently than required by their M-grade classification.</p>	<p>CF-4 OPEN</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 4 of the 7 physical health findings were corrected. Three physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-10: In 9 of 12 applicable records, there was no evidence that hepatitis A & B vaccines were given to inmates with hepatitis C infection and no prior history of A & B infection.</p> <p>PH-12: In 4 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-10 OPEN</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>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-34: In 11 of 15 records reviewed, the diagnosis was not reflected on the problem list.</p>	<p>PH-34 OPEN</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><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-37: In 6 of 13 records reviewed, there was no evidence the clinician reviewed the inmate's health record within 7 days.</p>	<p>PH-37 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-37.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>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.</p>	<p>PH-40 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-40.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-42: In 3 of 15 records reviewed, the screening encounter did not occur within one month of the due date.</p>	<p>PH-42 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-42.</p>

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINICS</u></p> <p>CF-2: In 5 of 10 records reviewed, inmates were seen at intervals less frequently than required by their M-grade classification.</p>	<p>CF-2 OPEN</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 1 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>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.</p>	<p>MH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19.</p>

B. Annex

The CAP closure files revealed evidence to determine that 2 of 2 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-23: In 3 of 8 applicable records (17 reviewed), the DC4-760A “Health Information Arrival/Transfer Summary” was incomplete or missing.</p>	<p>MH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-23.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>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).</p>	<p>MH-28 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-28.</p>

IV. Conclusion

Physical Health-Main Unit

The following physical health finding will remain open: CF-4. All other physical health findings will close.

Physical Health-Annex

The following physical health findings will remain open: PH-10, PH-34, and CF-2. All other physical health findings will close.

Mental Health-Main Unit

All mental health findings are closed.

Mental Health-Annex

All mental health findings are closed.

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.