

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

of

LOWELL CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted September 11-13, 2018

CMA STAFF

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I. Overview

On September 11-13, 2018, 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 October 15, 2018. In November 2018, 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.

Summary of CAP Assessments for Columbia Correctional Institution

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	5/25/19	6/13/19 – 6/14/19	On-site	70	42	28

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 18 of the 30 physical health findings were corrected. Twelve physical health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Chronic Illness Clinic</u> PH-1: In 3 of 15 records reviewed, inmates were not seen according to their M-grade status.		x				

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Cardiovascular Clinic</u> PH-2: In 3 of 10 applicable records (17 reviewed), there was no evidence that follow-up after abnormal labs and/or diagnostic testing was completed timely.</p>	x					
<p><u>Endocrine Clinic</u> PH-3: In 2 of 5 applicable records (14 reviewed), inmates with HgbA1c levels over 8% were not seen at the required intervals.</p>	x					
<p><u>Gastrointestinal Clinic</u> PH-4: In 2 of 4 applicable records (13 reviewed), there was no evidence that inmates were screened for hepatocellular carcinoma at the required intervals.</p>		x				
<p><u>Immunity Clinic</u> PH-5: In 2 of 7 applicable records, there was no evidence of hepatitis B vaccination or refusal.</p>	x					
<p><u>Immunity Clinic</u> PH-6: In 2 of 9 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Miscellaneous Clinic</u> PH-7: In 4 of 10 applicable records, there was no evidence that abnormal labs were addressed timely.</p>	x					
<p><u>Miscellaneous Clinic</u> PH-8: In 2 of 7 applicable records, a referral for specialty services was not completed in a timely manner.</p>		x				
<p><u>Neurology Clinic</u> PH-9: In 8 of 10 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</p>	x					
<p><u>Neurology Clinic</u> PH-10: In 3 records, the physical examination was incomplete.</p>		x				
<p><u>Neurology Clinic</u> PH-11: In 2 of 2 applicable records, there was no evidence that abnormal labs were addressed timely.</p>		x				

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<p><u>Neurology Clinic</u> PH-12: In 1 of 1 applicable record, there was no evidence the inmate was referred to a specialist when necessary.</p>	x					
<p><u>Respiratory Clinic</u> PH-13: In 3 of 12 records reviewed, reactive airway diseases were not classified as mild, moderate, or severe.</p>	x					
<p><u>Infirmery</u> PH-14: In 5 of 12 inpatient and outpatient records, patient care orders were incomplete.</p>	x					
<p><u>Infirmery</u> PH-15: In 1 of 2 applicable outpatient records, weekend and/or holiday phone rounds were not documented as required.</p>	x					
<p><u>Infirmery</u> PH-16: In 2 of 8 applicable inpatient records, nursing evaluations were not documented at the required intervals.</p>		x				

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<p><u>Infirmary</u> PH-17: In 2 of 6 applicable inpatient records, daily rounds by the clinician were not documented at the required intervals.</p>	x					
<p><u>Infirmary</u> PH-18: In 4 of 6 applicable inpatient records, weekend and/or holiday phone rounds were not documented as required.</p>		x				
<p><u>Emergency Care</u> PH-19: In 5 of 15 records reviewed, vital signs were incomplete.</p>	x					
<p><u>Sick Call</u> PH-20: In 4 of 10 applicable records, vital signs were incomplete.</p>	x					
<p><u>Sick Call</u> PH-21: In 4 records, patient education was incomplete or missing.</p>	x					
<p><u>Consultations</u> PH-22: In 5 records, the consultation was not completed in a timely manner.</p>		x				

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<p><u>Consultations</u> PH-23: In 7 records, the diagnosis was not recorded on the problem list.</p>	x					
<p><u>Consultations</u> PH-24: In 3 of 9 applicable records, the consultant's treatment recommendations were not incorporated into the treatment plan.</p>		x				
<p><u>Consultations</u> PH-25: In 4 of 9 applicable records, additional diagnostic and/or laboratory testing was not completed as required.</p>		x				
<p><u>Medical Inmate Requests</u> PH-26: In 3 of 14 applicable records, the response to the inmate request did not address the stated need.</p>	x					
<p><u>Medical Inmate Requests</u> PH-27: In 5 of 7 applicable records, the response to the inmate request did not occur as intended.</p>		x				
<p><u>Periodic Screenings</u> PH-28: In 4 records, there was no evidence that inmates were provided with lab results at the time of screening.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Periodic Screenings</u> PH-29: In 3 records, Pap smears were not completed at the required intervals.</p>		x				
<p><u>Additional Administrative Issues</u> PH-30: Inmates with a history of malignancy were not enrolled in the oncology clinic.</p>	x					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 10 of the 12 physical health findings were corrected. Two physical health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Cardiovascular Clinic</u> PH-1: In 3 of 15 applicable records (18 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	x					
<p><u>Endocrine Clinic</u> PH-2: In 3 of 6 applicable records (17 reviewed), there was no evidence that inmates with HgbA1c over 8% were seen every 3 months as required.</p>	x					
<p><u>Gastrointestinal Clinic</u> PH-3: In 4 of 9 applicable records (17 reviewed), there was no evidence inmates were screened for hepatocellular carcinoma as required.</p>		x				
<p><u>Immunity Clinic</u> PH-4: In 3 of 10 applicable records (13 reviewed), there was no evidence of hepatitis B vaccination or refusal.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Tuberculosis Clinic</u> PH-5: In 2 of 2 records reviewed, there was no evidence that nursing assessments were completed monthly as required.</p>	x					
<p><u>Infirmatory Care</u> PH-6: In 5 inpatient and outpatient records, there was no evidence that orders were received and implemented accordingly.</p>	x					
<p><u>Infirmatory Care</u> PH-7: In 3 of 13 applicable records, the nursing discharge note was incomplete.</p>	x					
<p><u>Infirmatory Care</u> PH-8: In 2 of 8 applicable inpatient records, there was no evidence that nursing evaluations occurred at the required intervals.</p>	x					
<p><u>Infirmatory Care</u> PH-9: In 2 of 7 applicable inpatient records, there was no evidence of weekend telephone rounds as required.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Intra-System Transfers</u> PH-10: In 2 of 5 applicable records, there was no evidence that a pending consultation was added to the consultation log and occurred as intended.	x					
<u>Intra-System Transfers</u> PH-11: In 4 of 13 applicable records, there was no evidence the clinician reviewed the record within 7 days of arrival.	x					
<u>Institutional Tour</u> PH-12: Over-the-counter (OTC) medications were not logged or secured correctly in all dorms.					x	

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 4 of the 8 mental health findings were corrected. Four mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Inmate Requests</u> MH-1: In 2 of 10 records reviewed, the interview or referral did not occur as intended in response to an inmate request.</p>	x					
<p><u>Psychological Emergencies</u> MH-2: In 3 of 13 applicable records (17 reviewed), there was no evidence that the clinician fully assessed suicide risk.</p>	x					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-3: In 1 of 4 applicable records, initial laboratory studies were not conducted as required prior to initiating psychotropic medications.</p>				x		
<p><u>Outpatient Psychotropic Medication Practices</u> MH-4: In 4 of 15 applicable records, clinician's orders were not timed, dated, stamped and/or signed per protocol.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Psychotropic Medication Practices</u> MH-5: In 7 of 15 applicable records, the inmate did not receive medications as prescribed.</p>		x				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-6: In 7 records, psychiatry follow-up was not provided per protocol.</p>		x				
<p><u>Aftercare Planning</u> MH-7: In 1 of 1 applicable records (7 reviewed), there was no evidence that assistance with social security benefits was provided 30-45 days prior to expiration of sentence (EOS).</p>	x					
<p><u>Mental Health Systems</u> MH-8: There was no evidence that mental health group therapy was being provided as required.</p>					x	

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 10 of the 20 mental health findings were corrected. Ten mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Self-harm Observation Status</u> MH-1: In 7 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p>	x					
<p><u>Self-harm Observation Status</u> MH-2: In 4 records, the "Infirmity Admission Nursing Evaluation" (DC4-732) was not completed as required.</p>		x				
<p><u>Psychological Emergencies</u> MH-3: In 5 records, there was no evidence the clinician considered the inmate's mental health history and past suicide attempts.</p>	x					
<p><u>Psychological Emergencies</u> MH-4: In 3 records, there was no evidence that suicide risk was fully assessed.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Psychological Emergencies</u> MH-5: In three records, the disposition was not appropriate.</p>	x					
<p><u>Special Housing</u> MH-6: In 2 of 8 applicable records (13 reviewed), follow-up mental status exams did not occur within the required time frame.</p>					x	
<p><u>Outpatient Mental Health Services</u> MH-7: In 2 of 9 applicable records, the "Health Information Arrival/Transfer Summary" (DC4-760A) was not completed within 24 hours of arrival to the institution.</p>	x					
<p><u>Outpatient Mental Health Services</u> MH-8: In 9 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.</p>					x	
<p><u>Outpatient Mental Health Services</u> MH-9: In 3 of 14 applicable records, the ISP was not reviewed and revised within 180 days.</p>					x	

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Mental Health Services</u> MH-10: In 5 records, problems were not recorded on the problem list.</p>					x	
<p><u>Outpatient Mental Health Services</u> MH-11: In 2 of 9 applicable records, the Behavioral Risk Assessment was not completed within the required time frame.</p>					x	
<p><u>Outpatient Mental Health Services</u> MH-12: In 2 of 8 applicable records, the ISP was not updated within 14 days of placement in Close Management.</p>	x					
<p><u>Outpatient Mental Health Services</u> MH-13: In 4 of 9 applicable records, the inmate was not receiving one hour of group or individual counseling per week as required in Close Management.</p>					x	

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Psychotropic Medication Practices</u> MH-14: In 3 records, physician's orders were not timed, dated and/or signed.</p>	x					
<p><u>Psychotropic Medication Practices</u> MH-15: In 6 records, follow-up psychiatry services were not conducted at appropriate intervals.</p>					x	
<p><u>Psychotropic Medication Practices</u> MH-16: In 2 of 8 applicable records, the Abnormal Involuntary Movements Scale (AIMS) was not completed as required.</p>					x	
<p><u>Psychotropic Medication Practices</u> MH-17: In 1 of 2 applicable records, an order for medications without inmate consent was not documented as an Emergency Treatment Order (ETO).</p>			x			
<p><u>Aftercare Planning</u> MH-18: In 5 of 13 records reviewed, aftercare plans were not addressed.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Additional Administrative Issues</u> MH-19: Medical records were disorganized.	x					
<u>Additional Administrative Issues</u> MH-20: There were safety concerns in the cells used for SHOS.	x					

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-2, PH-3, PH-5, PH-6, PH-7, PH-9, PH-12, PH-13, PH-14, PH-15, PH-17, PH-19, PH-20, PH-21, PH-23, PH-26, PH-28, and PH-30. All other physical health findings will remain open.

Physical Health-Annex Unit

The following physical health findings will close: PH-1, PH-2, PH-4, PH-5, PH-6, PH-7, PH-8, PH-9, PH-10, and PH-11. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-2, MH-4, and MH-7. All other mental health findings will remain open.

Mental Health-Annex Unit

The following mental health findings will close: MH-1, MH-3, MH-4, MH-5, MH-7, MH-12, MH- 14, MH-18, MH-19, and MH-20. All other mental health findings will remain open.

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 on-site evaluation.