FIFTH 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 Lowell Correctional Institution

| CAP# | Request Date for Monitoring Documents | CAP Assessment Date | Assessment Location | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|------|---|------------------------|------------------------|----------------------------|--------------------------|-------------------------------|
| 1 | 5/25/19 | 6/13/19-6/14/19 | On-site | 70 | 28 | 42 |
| 2 | 10/25/19 | 11/21/19-11/22/19 | On-site | 29 | 20 | 9 |
| 3 | 8/26/20 | 9/17/20 | Off-site | 20 | 12 | 8 |
| 4 | 3/23/21 | 4/21/21 | On-site | 12 | 8 | 4 |
| 5 | 9/8/21 | 9/29/21 | Off-site | 8 | 3 | 5 |

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 physical health findings were corrected. All physical health findings are closed.

| 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 |
|--|--------|---|--|--|---|
| Consultations | Х | | | | |
| PH-24: In 3 of 9 applicable | | | | | |
| records, the consultant's treatment recommendations | | | | | |
| were not incorporated into the | | | | | |
| treatment plan. | | | | | |
| Consultations | Χ | | | | |
| PH-25: In 4 of 9 applicable | | | | | |
| records, additional diagnostic and/or laboratory testing was not | | | | | |
| completed as required. | | | | | |
| Additional Administrative | Χ | | | | |
| <u>Issues</u> | | | | | |
| CF-1: Inmates with a history of | | | | | |
| malignancy were not enrolled in | | | | | |
| the oncology clinic. | | | | | |

B. Annex

All physical health findings closed on the third assessment.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 0 of the 2 mental health findings were corrected. Two mental health findings will remain open.

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| 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 Psychotropic Medication Practices MH-5: In 7 of 15 applicable records, the inmate did not receive medications as prescribed. | | X | | | |
| Mental Health Systems MH-8: There was no evidence that mental health group therapy was being provided as required. | | | | | Х |

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 3 mental health findings were corrected. One mental health finding 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 |
|--|--------|---|--|---|---|
| Self-harm Observation Status MH-2: In 4 records, the "Infirmary Admission Nursing Evaluation" (DC4-732) was not completed as required. | | 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 Mental Health | X | | | | |
| <u>Services</u> | | | | | |
| MH-8: In 9 records, the | | | | | |
| Individualized Service Plan | | | | | |
| (ISP) was not signed by all | | | | | |
| relevant parties. | | | | | |
| Psychotropic Medication | Χ | | | | |
| <u>Practices</u> | | | | | |
| MH-17: In 1 record, an order for | | | | | |
| medications without inmate | | | | | |
| consent was not documented as | | | | | |
| an ETO. | | | | | |

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-24, PH-25, & CF-1. All other physical health findings will remain open.

Physical Health-Annex

All physical health findings are closed.

Mental Health-Main Unit

All remaining mental health findings will remain open.

Mental Health-Annex

The following mental health findings will close: MH-8 & MH-17. All other remaining 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 off-site evaluation.