

**SIXTH 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 April 21, 2017

## **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. The CAP closure files revealed sufficient evidence to determine that 5 of 6 physical health findings and 1 of 1 mental health findings were corrected on the Main Unit. On the Annex, 4 of 7 physical health findings and 2 of 2 mental health findings were corrected.

On February 17, 2017, 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 off-site CAP assessment was conducted on March 22, 2017 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 1 of 1 physical health findings were corrected. All physical health findings are closed.

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 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-4.</p>

### B. Annex

The CAP closure files revealed sufficient evidence to determine that 2 of the 3 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>PH-10: In 9 of 12 applicable records (17 reviewed), 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-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was insufficient, therefore the level of compliance could not be determined. PH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-34: In 11 of 15 records reviewed, the diagnosis was not reflected on the problem list.</b></p>	<p><b>PH-34 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-34.</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 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-2.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

All mental health findings were closed on the fifth CAP assessment.

#### B. Annex

All mental health findings were closed on the fifth CAP assessment.

### IV. Conclusion

#### Physical Health-Main Unit

All physical health findings are closed.

#### Physical Health-Annex

The following physical health findings will remain open: PH-10. All other physical health findings are closed.

#### 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.