

**SECOND 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	42	28
2	10/25/19	11/21/19-11/22/19	On-site	28	20	9

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of the 12 physical health findings were corrected. Five physical health findings will remain open. CF-1 was added for corrective action and monitoring.

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
<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: 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
<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>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-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			
<p><u>Infirmery</u> PH-16: In 2 of 8 applicable inpatient records, nursing evaluations were not documented at the required intervals.</p>	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
<u>Infirmary</u> PH-18: In 4 of 6 applicable inpatient records, weekend and/or holiday phone rounds were not documented as required.	X				
<u>Consultations</u> PH-22: In 5 records, the consultation was not completed in a timely manner.		X			
<u>Consultations</u> PH-24: In 3 of 9 applicable records, the consultant's treatment recommendations were not incorporated into the treatment plan.		X			
<u>Consultations</u> PH-25: In 4 of 9 applicable records, additional diagnostic and/or laboratory testing was not completed as required.		X			
<u>Medical Inmate Requests</u> PH-27: In 5 of 7 applicable records, the response to the inmate request did not occur as intended.	X				
<u>Periodic Screenings</u> PH-29: In 3 records, Pap smears were not completed at the required intervals.		X			

Additional Findings Opened:

Finding	Discussion
<p><u>Additional Administrative Issues</u> CF-1: Inmates with a history of malignancy were not enrolled in the oncology clinic.</p>	<p>Five inmates with a current malignancy or a recent history of cancer treatment were not properly enrolled in the oncology clinic.</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 1 of the 2 physical health findings were corrected. One physical 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
<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>	<p>X</p>				

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
<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 1 of the 4 mental health findings were corrected. Three mental health findings 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
<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.	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
<u>Outpatient Psychotropic Medication Practices</u> MH-5: In 7 of 15 applicable records, the inmate did not receive medications as prescribed.		X			
<u>Outpatient Psychotropic Medication Practices</u> MH-6: In 7 records, psychiatry follow-up was not provided per protocol.					X
<u>Mental Health Systems</u> MH-8: There was no evidence that mental health group therapy was being provided as required.					X

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 0 of the 10 mental health findings were corrected. Ten mental health findings 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
<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>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-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
<p><u>Outpatient Mental Health Services</u> MH-10: In 5 records, problems were not recorded on the problem list.</p>					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
<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-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
<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			

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
<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		

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-4, PH-8, PH-10, PH-16, PH-18, and PH-27. All other physical health findings will remain open. CF-1 was added for monitoring and corrective action.

Physical Health-Annex

The following physical health findings will close: PH-3. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-3. All other mental health findings will remain open.

Mental Health-Annex

All 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.