



Disability Law Center

Massachusetts Protection and Advocacy

A Public Report on the Efficacy of Service Delivery Reforms at Bridgewater State Hospital



Exterior barbed wire fence and exterior sign at Bridgewater State Hospital.

A Report to the President of the Senate, Speaker of the House of Representatives, Chairs of the Joint Committee on Mental Health Substance Use and Recovery, Joint Committee on the Judiciary, Senate Ways and Means Committee, and House Ways and Means Committee, submitted pursuant to the FY 2020 Budget (Line Item #8900-0001.)

October 2020

The Protection and Advocacy System for Massachusetts

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Introduction and Overview

This Disability Law Center (DLC) report covers the monitoring of Bridgewater State Hospital (BSH), pursuant to expanded authority granted by Line Item #8900-0001, for the period from March 2020 through September 2020. The reporting period has been unlike any other, as BSH has faced challenges shared globally due to the COVID-19 pandemic, in addition to the ongoing physical plant and treatment challenges. Given the enormity of issues, Department of Correction (DOC) and Wellpath's cooperative foundation shone through and the low COVID-19 positive numbers reflect that success. While DLC maintains its long standing concerns over physical plant deterioration and inconsistent administration and documentation of medication, we acknowledge and support the efforts by both DOC and Wellpath to preserve and protect the staff and Persons Served (PS) at BSH during these unprecedented times. This report highlights achievements and hurdles over the past six months and provides an overview of important issues that need continued attention going forward.

During this monitoring period, DLC conducted regular monitoring of BSH through remote site visits, PS video and phone meetings, staff video and phone meetings, review of daily reports from both Wellpath and DOC, and weekly internal staff meetings. DLC participated via video in BSH Governing Body meetings and Department of Mental Health (DMH) quarterly meetings. DLC also reviewed mold-related updates from DOC and again consulted with our contracted mycology expert. DLC would like to specifically acknowledge Hospital Administrator Deb Saper and PS Advocate Paul Baker for facilitating a smooth transition for DLC to conduct completely remote monitoring on a consistent and informed basis. The extent of DLC's monitoring would not be possible without our broad access, and our ongoing extensive mold monitoring would not be possible without our expanded authority granted by Line Item #8900-0001.

DLC focused on four issues of concern during this period: (1) pandemic response and impact; (2) health and safety risks due to physical plant; (3) emergency intervention standards and documentation inconsistencies; and (4) quality of life and continuity of care issues at BSH. For each issue, we have made a specific recommendation based upon our expertise of six and a half years monitoring at BSH, and upon the progress that has been made over this reporting period.

1) Pandemic Response and Impact

As stated above, DLC acknowledges and supports the noteworthy efforts by both DOC and Wellpath to protect the staff and PS at BSH during these unprecedented times. In early March 2020, Wellpath developed and implemented COVID-19 protocols in response to the coronavirus outbreak and they promptly shared these protocols and briefed DLC on their implementation efforts. The protocols included previously established visitation restrictions and continued coordination with the Department of Public Health (DPH), as outlined in three Phases. Wellpath swiftly rolled out Phase I with bi-weekly staff rotation, strict movement schedules for PS, limited time for PS to be out of their rooms, and weekly mental health staff visits for PS. Wellpath and DOC made plans to clean and acquire necessary and proper equipment and they addressed communication and transparency by focusing on a comprehensive response to not only address internal questions and concerns, but to also provide a unified response to the media. In addition, in-person meetings were cancelled, as well as business travel. Wellpath and DOC also partnered to design, prepare and implement the new Containment Unit (CU) for individuals who were awaiting COVID-19 tests or who tested positive. The CU utilized the previously closed Intensive Treatment Unit (ITU) space at BSH, a residential unit that had been dormant for 3 years. The revival of this space during a pandemic to serve to reduce virus exposure risk and isolate individuals for infection control was a profound repurposing, given the history of the space. DLC monitored length of stays in the CU and conditions throughout this time. While many PS at BSH struggled with long hours in cells, DLC does acknowledge the swiftness with which the CU was opened and then closed when no longer needed. The CU remains closed as of September 30, 2020.

With the efforts of Wellpath and DOC in place, COVID-19 cases in Phase I were limited to 23 staff members and 13 PS. Each infected individual recovered, and every PS was tested throughout BSH and OCCC Units. It is important to note that while PS grievances, restraints and seclusions were significantly lower during Phase I, this is most likely attributed to much more time in cells for PS. There may be, however, an opportunity to explore what impact cell time and social distancing had on different PS recovery trajectories, whether positive or negative.

By June 2020, Wellpath was able to progress to Phase II of their pandemic response. Wellpath continued to reduce staff exposure by allowing some staff to telecommute and by implementing a two-week rotating shift schedule to allow for a natural quarantine period for staff. It is important to note that Wellpath collaborated with DOC in these efforts and DOC also utilized Zoom for meetings with Wellpath. During this time, DOC expanded the companion program (DOC inmates who offer assistance with activities of daily living and companionship to PS) in the OCCC Units. Wellpath also coordinated with DOC, the Bridgewater Fire Chief, its Corporate Procurement Division and the community (through donations) to obtain and maintain appropriate levels of personal protective equipment throughout the pandemic. In a very short period of time, both Wellpath and DOC pivoted in the delivery of services to a pandemic-appropriate model

while maintaining a sense of normalcy and continuity of care not seen at numerous other psychiatric facilities across the Commonwealth.

Implementation of Phase II allowed for more out of cell time and small group activities. While maintaining social distancing protocols, Wellpath reimagined pre-pandemic activities including:

- Library on wheels in lieu of indoor library time;
- Mental health treatment offered via Telehealth and on-site;
- Family engagement via more frequent Zoom meetings;
- Daily COVID updates sent to families since the beginning of April 2020;
- PS meals and activities on units to avoid cross-exposure;
- Expansion of gardening at BSH while social distancing;
- NAMI week-long walking challenge rather than the annual one-day walk;
- Attorney visits via Zoom or in-person, by individual request;
- Court and forensic evaluations via Zoom; and
- Electroconvulsive Therapy (ECT) services at Massachusetts General Hospital for emergency treatment because Lemuel Shattuck Hospital services were closed due to facility COVID outbreak.

During this time, Wellpath worked with DOC to address some air conditioning concerns on units. While the overall functioning was improved from Summer 2019, DLC again raises concerns about a patchwork of fixes with no long-term permanent solutions to the physical plant issues, which include cooling air for PS during hot and humid summer months.

In September 2020, Wellpath began offering PS at BSH the opportunity to participate in Zoom visits with loved ones. This was a much anticipated and tremendous development for BSH PS. Unfortunately, the ongoing disparities between PS at BSH and OCCC persist (see *A Public Report on the Efficacy of Service Delivery Reforms at Bridgewater State Hospital*, dated March 2020 at 6-7) as Zoom visits have only been accessible at BSH. DLC has been informed that there are connectivity barriers in the OCCC Units.

It is important to note that as BSH moved to Phase II with more out of cell time and activities, the use of restraints and seclusion rose, as did PS filing of grievances. As such, in the coming months it will be important to track trends in restraints, seclusions and grievances. If they each continue to rise, Wellpath should examine whether higher rates are the result of more PS experiencing difficulties or a small number of PS being more regularly restrained, secluded and/or grieving. Fortunately, Phase II has also brought more contact with family and loved ones, and consistent treatment by both telemedicine and in person; BSH is moving towards a new normal that is much more sustainable and encouraging for both staff and PS.

Wellpath's Phase II efforts from June through September 2020 resulted in some changes that may be helpful post-pandemic. During this time, Wellpath was able to close the CU and continues to maintain the space in the event that it is needed again. Wellpath also expanded telemedicine to outside specialty clinics at Lemuel Shattuck

Hospital and Boston Medical Center in an effort to reduce infection exposure by limiting the amount of off-site clinic visits. DLC urges Wellpath and DOC to examine and assess the impact of this, as well as the potential for continuing this and other pandemic responses in a post-pandemic time.

DLC Recommendation:

Wellpath should continue to evaluate and implement infection controls and risk reduction treatment services while examining the positive or negative impact on PS of maintaining each service post-pandemic. Wellpath should examine whether lessons learned from Phase I can inform treatment interventions for PS and how beneficial interventions introduced as a result of the pandemic may be incorporated into daily unit milieu and PS treatment plans.

2) Health and Safety Risk Due to Physical Plant

As discussed in DLC's last four reports, each entitled *A Public Report on the Efficacy of Service Delivery Reforms at Bridgewater State Hospital*, dated May 18, 2018, February 25, 2019, July 15, 2019, and March 2020, respectively, the physical plant and infrastructure at BSH are potentially hazardous to the health of any individuals on-site, and necessitate endless costly and ineffective repairs. During this reporting period, DLC continued to focus specifically on DOC's response to the confirmed presence of dangerous mold throughout BSH and the impact that has on Wellpath's delivery of treatment and services.

For over a year now, DLC has raised concerns about potentially hazardous conditions and highlighted the narrower issue of mold and adequate mold testing. While DLC remains deeply concerned about all of the physical plant hazards at BSH, DLC has focused on this area as one that DOC must urgently address to ensure the health and safety of PS and staff alike. For almost two years, DLC has urged DOC to conduct extensive mold sample swab testing throughout BSH (see DLC's recommendation in our February 25, 2019 and July 15, 2019 reports). DOC repeatedly and consistently refused to do it.

During FY20, DLC was granted specific authority under Line Item #8900-0001 to conduct mold testing, including areas of the facility where PS do not reside. As such, DLC toured BSH with our expert, Gordon Mycology Laboratory, Inc. ("Gordon") on December 5, 2019 and returned on December 19, 2019 to conduct mold sample swab testing throughout the facility. Both observations and sample testing revealed extensive mold in almost every single area swabbed by our expert, including the medical building and HVAC systems/vents.

Over the last 6 months, DOC has neither conducted its own mold sample swab testing nor properly remediated any of the areas that tested positive for mold. DLC raised concerns with DOC that we did not receive information concerning any planning of or initiation of efforts to remediate the pervasive mold within BSH. See Letter to DOC from DLC dated July 7, 2020 attached as Appendix A. This was particularly concerning because Wellpath was isolating PS with COVID-19 in the medical building during this reporting period. Over a month later, DOC responded with remediation plans for the Medical, Administration and Adams Buildings. See DOC Letter to DLC dated August 17, 2020 attached as Appendix B. After consultation with Gordon, DLC further inquired as to who would be conducting the remediation and received the following response from DOC via email on September 11, 2020:

New Roads Environmental (contractor) is coming in on September 21, 2020 to remove fiberglass HVAC duct work insulation and remove or encapsulate fiberglass pipe insulation in medical building basement. After that... DOC maintenance staff will change the intake fan to exhaust, replace water damaged light fixtures, clean and disinfect air registers and add portable dehumidifiers. The cleaning, vacuuming, and painting (with biocide additive) of walls and ceilings will be done by DOC maintenance and an inmate crew under the supervision of the Environmental Health and Safety Officer. DOC maintenance is handling Administration Building removal and disposal of plywood walls and cardboard storage boxes. That area will also receive cleaning, vacuuming, and painting by DOC maintenance and an inmate crew under the supervision of the Environmental Health and Safety Officer. The Adams Building Basement has been cleaned by DOC maintenance and they will be fixing leaks from shell and tube heat exchanger and condensate pump skid.

Once again, DLC consulted with Gordon, and shared the above communications between DLC and DOC regarding the status of mold at BSH. After review, Gordon, raised a myriad of concerns and deficiencies in both DOC's plan of how to remediate and who would be remediating, challenging whether the planned efforts actually constituted mold remediation. See Letter dated September 21, 2020 from Gordon to DLC attached as Appendix C. Gordon's concerns highlight that DOC plans are not in accordance with industry standards and "will in fact make the environment more harmful instead of less with respect to mold." Gordon states that plans to encapsulate pipe insulation are both wrong and dangerous to the individuals performing the work and others in the surrounding areas of the buildings. Further, DOC does not address any cleaning of HVAC systems by a National Air Duct Cleaners Association (NADCA) certified HVAC system cleaning professionals, as required by industry standards. Finally, consistent with DOC's historic refusal to conduct appropriate mold sample swabs, DOC's insistence on a plan to take only airborne mold samples as the final stage of its remediation plan "is not an effective or acceptable method for validating the mold remediation process." See Appendix C. As such, DLC finds DOC's assessment and response to mold at BSH to be inadequate, dangerous to PS, and a hinderance to the delivery of effective treatment and services by Wellpath at BSH.

Accordingly, DLC again strongly urges DOC to take swift, appropriate action to address the mold and other physical plant issues at BSH.

DLC Recommendation:

Consistent with DLC's prior recommendations since 2014, "[i]nstead of the resource drain of patchwork fixes, the Commonwealth needs to construct a modern facility that can effectively provide humane and appropriate treatment." Furthermore, DOC should immediately and thoroughly assess and address the mold at BSH according to industry standards.

3) Emergency Intervention Standards and Documentation Inconsistencies

For well over six years now, DLC has raised concerns around the use of forced psychotropic medication at BSH and OCCC Units. DLC detailed these concerns in our public reports to the legislature dated May 18, 2018 at 3-5, February 25, 2019 at 10, July 15, 2020 at 6-7 and March 2020 at 4-5. DLC has found that the inconsistent use of emergency interventions and the lack of transparency for the types of medication or use of force interventions continues at BSH. During this reporting period, DLC monitored the issue of emergency intervention standards and documentation inconsistencies and we renew our previously raised concerns.

Notably, during Phase I of Wellpath's pandemic response, the majority of seclusions were PS with brain injuries or low frustration tolerance. While it may be clinically possible to explain excessive time alone in cells and strictly enforced infection control procedures as the root cause of this PS sub-population meeting the legal standard for seclusion, DLC urges Wellpath to examine alternative treatment paradigms for this sub-population. Given impulse control and frustration challenges, a treatment paradigm that leads to one particular sub-population being disproportionately secluded is a failure of treatment. DLC is aware that Wellpath's 2020 Failure Mode and Effect Analysis (FMEA) is focused on medication administration and monitoring as it has already been identified as an area for improvement. DLC is also aware that Wellpath's Restraint and Seclusion Committee reviews trends and that Wellpath recently hired a psychologist with expertise in working with individuals with intellectual and neuro-cognitive issues. Further, DLC is aware that Wellpath Nursing is working on a performance improvement initiative focused on PRN effectiveness and documentation. While DLC is encouraged that Wellpath is aware of this disproportionate outcome and is focusing on reviewing treatment orders and documentation of such, DLC calls upon Wellpath to address disproportionate seclusion of this sub-population in a timely manner.

Additionally, during this reporting period, seclusion and restraint evaluations in the OCCC Units were performed using telepsychiatry to decrease cross-infection between

BSH and OCCC sites. While many of the pandemic response protocols warrant consideration for post-pandemic treatment, DLC strongly urges Wellpath to discontinue this practice as soon as safely possible. Such an evaluation warrants an in-person assessment before depriving someone of further freedom of movement and/or applying restrictive bodily control measures. Again, the reliance on telepsychiatry only for PS in the OCCC units is indicative of the ongoing disparities between PS at BSH and OCCC (see A Public Report on the Efficacy of Service Delivery Reforms at Bridgewater State Hospital, dated March 2020 at 6-7).

Finally, the Wellpath Medical Executive Director, DOC Lead Attorney and Committee for Public Counsel Services Brockton Commitment Defense Unit Lead Attorney have resumed regular productive meetings in an effort to prioritize court-authorized medication treatments. This collaboration has resulted in fewer legal challenges and shorter waiting times for court hearings and decisions. DLC recommends that these efforts continue as it paves the way for swifter due process for PS, Wellpath's treatment of PS and stabilization of seclusion and restraint at BSH/OCCC.

DLC Recommendation:

Wellpath should examine the disproportionately high use of seclusion in certain PS during Phase I, should conduct restraint and seclusion evaluations in person as soon as possible for all PS, and should continue collaborating to ensure swift due process and treatment of PS.

4) Quality of Life and Continuity of Care Issues at BSH

Throughout the past six years monitoring at BSH, DLC has advocated for improvement in the quality of life for PS and a greater continuity of care upon admission and post-discharge from BSH. During Wellpath's more than three years delivering services at BSH, there has been a marked improvement in both of these areas. DLC focused on these improvements, and where there is room to grow, during this otherwise very challenging reporting period.

Nutritional options have greatly expanded under Wellpath's tenure. These range from instituting celebratory food events to improvements in healthy snack options for PS. During the reporting period, Wellpath hosted several food events in a safe, morale-boosting and respectful manner. These are typically very well received by PS and are usually a highlight in the weeks, months and, sometimes, years at BSH. They included Memorial Day, Fourth of July and Labor Day Celebration Luncheons for both PS and staff. In May, healthy snack options were expanded to include fresh fruit, hummus and pita, cheese and crackers and turkey and pita. These initiatives, especially in the middle of a pandemic, show a commitment to improving the health and well-being of everyone at BSH, and help to create a sense of community.

During Phase II, most of the 45 PS working within the Vocational Services Program were back at their assigned job locations, with precautionary modifications. Notably, garden produce from the Vocational Services on-site garden was offered to PS as healthy snacks and part of a weekly salad during harvesting season. This and a number of other Rehabilitation Programs at BSH continued during this reporting period and some expanded, i.e. Music and Imagery Group. Groups returned to OCCC in July and PS in the Recovery Unit at OCCC can now earn 'good time' for participation in certain groups.

Unfortunately, there is little consistency in continuity of care post-discharge from BSH. During the reporting period, there was at least one failed step-down to a DMH facility of a PS who lived at BSH for over a decade. While Wellpath and DMH disagree on the cause of the failure, it is representative of a much larger systemic problem. Individuals are admitted to BSH, treated, and stabilized only to fall off a proverbial cliff post-discharge. While DMH offers 'enhanced' transition plans for some PS, and has increased its efforts around safe and appropriate placements, it still falls short for some individuals. Step-downs to DMH have also decreased significantly from 145 in fiscal year 2019 to only 118 in fiscal year 2020; as 20 of the 2020 step-downs occurred in May, April, and June, the drop off is not attributable to the pandemic.

When PS are transferred to county jails and houses of correction, many report a rapid decompensation because county correctional facilities are either ill-equipped to provide the level of care required or refuse to follow Wellpath discharge treatment plans. Common problems that occur for PS returned to county correctional facilities include failure to continue effective medication treatment plans and failure to utilize appropriate risk interventions, both of which can have dangerous consequences for PS.

Considering the fact that many PS discharged from BSH will return if they experience post-discharge treatment failure, this issue directly impacts all PS and the delivery of services by Wellpath. As such, additional advocacy is necessary to improve both the quality and frequency of step-downs to DMH and to assess and devise improvements to the discharge process and continuity of care for PS transferred to county correctional facilities. DLC recommends a further review of these discharge issues and an in-depth exploration of to determine strategies for implementing systemic improvements.

DLC Recommendation:

Wellpath should continue to expand services that improve nutrition, fresh air and meaningful programming options. Systemic advocacy is needed to explore continuity of care and post-discharge treatment failures for PS and devise strategies for implementing improvements.

Conclusion

DLC once again commends the continued partnership and collaboration between Wellpath and DOC. DLC renews its recommendations for improvements in the physical plant at BSH, as well as improvements on emergency interventions (medication, restraint, and seclusion) standards and documentation. DLC raises new concerns and recommendations around continuity of care and post-discharge treatment for PS. To ensure the continued improvement of safety and treatment of persons served at BSH and the OCCC Units, DLC calls on DOC, Wellpath, and the Commonwealth to follow the recommendations discussed above.



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July 7, 2020

VIA EMAIL

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Re: Bridgewater State Hospital Mold Remediation

Dear Commissioner Mici, Superintendent Kennedy, and Attorney White:

As you are aware, the Disability Law Center (DLC) has a federal mandate as the Commonwealth's Protection and Advocacy Agency¹ (P&A) to protect and advocate for individuals with disabilities, including those who are detained in Bridgewater State Hospital and other Department of Correction (DOC) facilities. In this role, DLC has been conducting monitoring of Bridgewater State Hospital (BSH) for over six years now. Presently, DLC is operating under expanded authority granted by Line Item #8900-0001.

¹ This mandate was first codified through the passage of the Protection & Advocacy for People with Developmental Disabilities (PADD) Act, 42 U.S.C. § 15043(a). Congress extended the protections of the PADD Act, incorporating them by reference into legislation protecting persons with other forms of disabilities. This includes the: Protection & Advocacy for Mentally Ill Individuals (PAMII), 42 U.S.C. § 10805, Protection & Advocacy for Individual Rights (PAIR) Act, 29 U.S.C. § 794e(f), and the Protection & Advocacy for Individuals with Traumatic Brain Injury (PATBI) Act, 42 U.S.C. § 300d-53(k).

The expanded authority from Line Item #8900-0001 allowed DLC to conduct mold testing at BSH with the assistance of Gordon Mycology Laboratory, Inc. in December 2019, which DOC had previously refused to conduct or to allow DLC to conduct. Accordingly, our most recent report released March 9, 2020 included as Appendix A the results of the mold sample tests and a Mold Inspection Report containing clear remediation recommendations.² DLC transmitted this report via email to Superintendent Kennedy on March 9, 2020.

DLC's monitoring has remained constant since the issuance of the March report. While DLC's access authority under federal law and the Line Item is not diminished by the public health crisis, DLC has chosen to conduct BSH monitoring on a remote basis for the protection of persons served and staff. With this in mind, DLC has not received information concerning any planning of or initiation of efforts to remediate the pervasive mold within the facility. This is particularly concerning, given that mold was present in the HVAC systems in many locations within BSH, including the medical building where COVID-19 positive persons served have been isolated.

Based on the foregoing, we call upon DOC to provide DLC with a BSH mold remediation plan no later than July 31, 2020. Please incorporate into this plan a description of the remediation to be completed in every area in which mold growth was confirmed by DLC's testing and a timeline for the completion of those efforts.

Thank you for your time and attention. We look forward to your response.

Sincerely,



Marlene Sallo
Executive Director



Tatum A. Pritchard
Director of Litigation

² Disability Law Center, A Public Report on the Efficacy of Service Delivery Reforms at Bridgewater State Hospital (March 2020), at <https://www.dlc-ma.org/wp-content/uploads/2020/03/DLC-BSH-March-2020-Report-Final-03092020.pdf>.



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RE: Response to July 7, 2020 Letter Concerning BSH Environmental Concerns

Dear Directors Sallo and Pritchard:

Thank you for your letter of July 7, 2020. Please be advised that in response to your request and the report concerning inspections and testing that occurred at Bridgewater State Hospital (BSH) in December of 2019, the Department's Division of Resource Management (DRM) together with its environmental consultant, Arcadis, U.S., Inc., after reviewing the specific remediation recommendations¹ contained in the February 11, 2020 report of Gordon Mycology Laboratory, Inc., conducted a recent walk through at BSH and analysis of recommended remedial measures.

Accordingly, the Department plans to take remediation action as follows:

Medical Building Basement

- Remove all cardboard storage boxes;

¹ See "Recommendations" section of Report dated February 11, 2020 pages 4-6.

- Replace water damaged light fixtures;
- Clean, disinfect and prepare walls for specialized paint. Apply paint with biocide additives to prevent future mold growth to unpainted walls and ceilings;
- Mechanical Room air intake fan will be changed to an exhaust fan;
- Retain an environmental contractor to remove fiberglass HVAC ductwork insulation and remove or encapsulate fiberglass pipe insulation;
- Retain contractor to replace the basement exit door and Mechanical Room door;
- The new doors will include air louvers to allow air to pass through while keeping out unwanted elements;
- Clean and disinfect air registers. Moving forward, quarterly cleaning and maintenance will be conducted as needed;
- The area will be vacuumed equipped with a High Efficiency Particulate Air (HEPA) filter. HEPA filters are capable of filtering 99.97% of particulates down to 0.3 microns;
- Portable dehumidifiers and HEPA equipped air scrubbers will be added to the area.

Administration Building Basement

- Remove and dispose of plywood walls;
- Clean, disinfect and prepare walls for specialized paint. Apply paint with biocide additives to prevent future mold growth to unpainted walls and ceilings;
- HEPA vacuum the area;
- Remove all cardboard storage.

Adams Building Basement

- Fix leaks from shell and tube heat exchanger and condensate pump skid;
- Clean area.

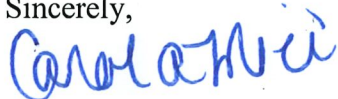
At the conclusion of work in the above areas, an indoor air quality (IAQ) assessment will be performed, which will include air testing for airborne mold spores, by a qualified environmental consultant, to ensure the area meets current IAQ guidelines. Samples collected will be submitted to a qualified laboratory for analysis. Each sample will be assigned a unique coded number and submitted to the laboratory under a chain of custody protocol. The DOC will be happy to share the results of these tests with the DLC. It is currently anticipated that the remediation action referenced above will be completed by the end of October, 2020.

In addition, to these planned specific remediation steps, BSH continues to improve the environment of care at BSH. Now for the second summer season, all patient living areas have been air conditioned. The roofs of the Adams Building, Medical Building and Gym were repaired by the responsible contractor at the end of June, 2020 and DRM has been working with the roof manufacturer to coordinate site visits and repairs for roof areas under warranty until 2023. Shower area restorations began in the spring of 2020 and remain underway.

Despite the recent global pandemic, Department staff and BSH continue to strive to improve the environment and treatment provided to the patients entrusted to our care. I look forward to our continued

cooperation in resolving these issues, and if you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,



Carol A. Mici
Commissioner

cc: Jennifer A. Gaffney, Deputy Commissioner
Thomas J. Preston, Deputy Commissioner
Nancy Ankers White, General Counsel
Sean Medeiros, Assistant Deputy Commissioner Southern Sector
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September 21, 2020

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Dear Director Pritchard:

This letter is in response to Department of Correction ("DOC") communications I have reviewed regarding remediation and repair work that has been or is going to be performed at the Bridgewater State Hospital facility. I performed a mold inspection in several buildings in December 2019 and confirmed mold growth sources that warrant specialized, professional mold remediation services. The February 11, 2020 mold inspection report with a detailed scope of mold remediation needed for the inspected areas of the buildings was distributed to the involved parties.

The letters and emails conveying DOC's mold remediation plans that I reviewed list repair efforts and building upgrades that include several positive steps to help better the environment for staff and persons served; most of these steps have to do with repairing the physical structure of buildings but have little or nothing to do with mold remediation (replacing doors, managing fan operation, replacing light fixtures, fixing leaks, repairing concrete ramps, flower box construction, etc.). Several actions listed in the DOC communications are not appropriate or correct per industry standards and will in fact make the environment more harmful instead of less with respect to mold. None of the required mold remediation work should be performed by inhouse personnel or inmates; several steps listed in an email from Philip Silva on September 11, 2020 are said to be performed by inhouse personnel or inmates, including cleaning and disinfecting air registers. HVAC system components cannot be cleaned by non-qualified people. As my report states, the only people who should be cleaning HVAC systems are NADCA certified HVAC system cleaning professionals. Inhouse personnel and inmates are not only not qualified or trained in mold remediation procedures, they also are not equipped with the appropriate personal protective equipment (PPE) and safety procedures needed to protect themselves, the surrounding environment, and areas outside the work space.

Surfaces that have been confirmed contaminated with mold should not be coated or encapsulated with any type of paint, including those with a 'biocide' added. Painting a moldy surface with any paint product, biocide added or not, will simply promote and support new mold growth. Moldy surfaces need to be either removed (sheetrock, plywood, insulation paper, cardboard, etc.) or scrubbed, sanitized, HEPA vacuumed, and sanded if needed to physically remove the mold growth. Painting and encapsulating surfaces is not part of the mold remediation process; please refer to the ANSI/IICRC Document S520: Standard and Reference Guide to Mold Remediation 2015 for more information on industry accepted mold remediation methods. Once mold

remediation has been performed by a qualified company and the areas cleared for residual mold growth with airborne and surface mold testing (clearance mold inspection), surfaces can then be painted, although this is not recommended. If the environment, building materials, and contents remain dry going forward, there is no reason to add a layer of paint that would only serve to spend money unnecessarily.

Removal of moldy ductwork and pipe insulation must be completed by the specialized mold remediation company while secure engineering controls are maintained; there was reference to possible encapsulation of pipe insulation, which cannot happen due to the large amount of mold growth on the insulation. Unskilled personnel removing moldy insulation without the use of PPE and secure engineering controls will potentially be harmful to those performing the work as well as others in surrounding areas of the buildings.

There was no reference to HVAC system cleaning. The HVAC systems must be cleaned after the mold remediation has been completed in the buildings. The systems were filthy, full of dust and debris, and some components were confirmed contamination with mold. Again, HVAC systems should only be cleaned by NADCA certified HVAC system cleaning professionals.

The DOC letter states that an 'indoor air quality' assessment will take place after the remediation has been completed. This assessment will include airborne mold samples only, which is not an effective or acceptable method for validating the mold remediation process. Airborne and surface mold sampling must be performed in a clearance inspection along with a visual inspection. Surface sampling is absolutely necessary to confirm whether surfaces have been remediated successfully; a visual inspection and air sampling alone cannot verify that surfaces are free from residual mold growth.

Please contact my office if you have any questions. Thank you,



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