



Inspection of the Federal Bureau of Prisons' Federal Medical Center Devens



EVALUATION AND INSPECTIONS DIVISION

25-009

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Executive Summary



The DOJ OIG's Inspections Program

Between Monday, April 22, and Friday April 26, 2024, the U.S. Department of Justice (DOJ) Office of the Inspector General (OIG) conducted an unannounced, on-site inspection of Federal Medical Center (FMC) Devens, an administrative-security medical center housing inmates with serious medical or mental health conditions, in Massachusetts. The institution is composed of two sub-facilities: a federal medical center and a minimum-security prison camp. Both facilities house male inmates.

This was the fifth unannounced inspection of a Federal Bureau of Prisons (BOP) institution under the OIG's on-site inspections program. The first four institutions we inspected, [FCI Waseca](#), [FCI Tallahassee](#), [FCI Sheridan](#), and [FCI Lewisburg](#), did not have a medical mission. We selected FMC Devens as the site of our fifth inspection to better understand and assess the conditions of confinement at an FMC.

In this report, we make 11 recommendations to the BOP to ensure effective operations at FMC Devens and safe conditions of confinement for the inmates housed there. Ten recommendations relate to the quality of healthcare provided to inmates and the medical care issues we identified, and one addresses issues at FMC Devens that we also identified in prior BOP oversight and for which we have made BOP-wide recommendations.

Our unannounced inspection identified several serious issues at FMC Devens related to staffing, inmate healthcare quality, infrastructure, inmate programming, failure to complete rounds, and radio system deficiencies. Notably, substantial shortages of healthcare employees and Correctional Officers—which is an issue at many BOP institutions but particularly problematic for a medical institution—have created widespread and troubling operational challenges at FMC Devens that substantially affect the health, welfare, and safety of employees and inmates.

Particularly concerning, we found that FMC Devens's Correctional Services Department had only 161 of 201 authorized positions filled (80 percent) and the Health Services Department had only 113 of 149 positions filled (about 76 percent) at the time of our inspection. Also concerning, during the on-site portion of our inspection and shortly thereafter, the medical institution had only 1 physician and the Clinical Director (who is also a physician) to manage the care of the entire inmate population of approximately 941 inmates: 2 of the institution's 6 physicians were on extended leave without pay, and 3 other physician positions were vacant. The Clinical Director, who leads the provision of preventive health services and provides standing orders for nurses, retired in June 2024; the position remained vacant as of October 5, leaving FMC Devens without this critical medical role filled and only one physician at the institution to provide daily patient care. Other vacancies within the Health Services Department included approximately half of the institution's pharmacy positions, approximately a quarter of its nursing positions, and its Chief Dental Officer and Deputy Chief Psychologist positions. Only 20 of 33 positions (61 percent) in the Psychology Services Department were filled. We are concerned that the staffing crisis at FMC Devens has cascading effects on its ability to care for its inmates and limits the quality and quantity of medical services it can provide, including for inmates who were transferred there expressly for its specific medical programs.

We also identified concerns related to the quality of healthcare provided to inmates, including potentially dangerous medication distribution, lack of preventive healthcare screening, inappropriate placement of inmates in the Memory Disorder Unit (MDU), and inconsistent processes for requesting and accessing care. Specifically, we observed BOP employees providing buprenorphine and naloxone—controlled substances for which the BOP requires direct supervision for the duration of medication administration and consumption to prevent diversion—to Camp

inmates without directly supervising them. We also found that 57 outside medical appointments for inmates were yet to be scheduled and were on average 53 days overdue at the time of our inspection due to outside medical providers canceling appointments and a lack of FMC Devens employees to escort inmates to scheduled appointments while maintaining coverage of necessary posts. We also were concerned to find that FMC Devens lacked oversight of its contracted company that manages outside medical records. This resulted in delays in outside medical records being submitted to FMC Devens following outside office visits and caused a significant discrepancy between the number of pending outside medical records that the company indicated it needed to send to FMC Devens and the number of outside medical records that FMC Devens was waiting to receive. This lack of oversight could lead to fragmented and delayed follow-up inmate care and could exacerbate conditions that inmates were sent to outside providers to address.

We found inconsistencies regarding inmates' access to medical care and routine screening of inmates over age 50 for preventive healthcare and cognitive impairment, including an apparent inconsistency in how FMC Devens nursing employees determined what constituted a need for sick call and how that need was tracked. This inconsistency may limit an inmate's ability to be seen and receive medication in a timely manner, which could negatively affect their overall health. Additionally, we reviewed the medical records of a random sample of 21 inmates over age 50 to determine whether they were receiving preventive healthcare screenings; less than half had received a preventive health screening, and none had received a cognitive impairment screening as part of their preventive healthcare during the previous year. Further, not all inmates with a diabetes diagnosis were tested within required BOP guidelines and not all healthcare provider credential files were verified as directed by BOP policy. We also found that a quarter of the inmates were not appropriately housed in the MDU, the BOP's only unit designed specifically for inmates with dementia. Finally, we found that some inmates serving as medical companions were not eligible to participate in the program and some performed duties that were both outside the scope of the program and prohibited by the BOP. These concerns cumulatively carry multiple risks for the institution's ability to provide adequate, continuous, and follow-up care to inmates with medical needs.

We also identified concerning issues affecting safety and security, inmate programming, and infrastructure. First, Correctional Officers failed to complete about half of the required inmate-monitoring rounds in the housing units that hold vulnerable inmates at the highest medical and mental health care levels, many of whom are at increased risk for medical-related emergencies, self-harm, and suicide. Second, we found multiple deficiencies in the institution's radio system, including "dead zones" where employee radios do not receive radio signals, namely in the hospital areas, and some radios were beyond their serviceable dates. Nonworking radios impede employees' response to medical and nonmedical emergencies, thus jeopardizing inmates' and employees' safety. Regarding inmate programming, because of staffing shortages, many psychology and education-based programs offered to inmates have large waitlists, with over 100 inmates, and only 1 skills-based vocational program with 10 inmates enrolled and 70 inmates on the waitlist was offered to inmates at the time of our inspection. Additionally, due to lack of staffing, the FMC Devens LifeSkills Laboratory, a space designed for inmates with serious mental illnesses to practice routine skills—which received \$150,000 in FIRST STEP Act (FSA) funds—had yet to be used for programming since its construction 3 years prior to our inspection. Lastly, FMC Devens had serious infrastructure issues with many unfunded repair projects, including roof repairs and replacement of cooling and heating systems, which it estimated would cost \$15 million. The OIG noted the effects of water intrusion throughout the institution, including within housing units, employee offices, and rooms with optometry and dialysis equipment. If repairs are not made soon, equipment and infrastructure failures could exacerbate repair costs and negatively affect inmates' conditions of confinement.

Report Highlights



Inmate Healthcare

We found serious issues with FMC Devens's provision of healthcare to its inmates:

- Significant and widespread staffing shortages in the Health Services Department compromise FMC Devens's ability to provide adequate healthcare to inmates.
- Concerning healthcare practices include:
 - potentially dangerous practices related to the distribution of buprenorphine and naloxone;
 - a backlog of outside medical visits that had yet to be scheduled and a discrepancy in the number of pending inmate medical records;
 - inconsistent access to medical care for routine conditions;
 - inconsistent routine screening of inmates over age 50 for preventive healthcare or cognitive impairment;
 - not all inmates with a diabetes diagnosis being tested within required timeframes;
 - not all healthcare provider credential files being verified according to BOP policy;
 - improper placement of some inmates in the MDU; and
 - some medical inmate companions not meeting the BOP's eligibility criteria and some performing duties outside the scope of a medical inmate companion, which is prohibited by the BOP.



Safety and Security

Two safety and security issues affect the safety of institution operations:

- Correctional Officers did not complete all inmate-monitoring rounds as required by policy, leaving vulnerable inmates unobserved for multiple hours each night.
- Employee radios did not receive a signal in some parts of the institution, namely the hospital and areas below ground, and radios were beyond their serviceable dates, rendering many radios unrepairable.



Inmate Programming

Staffing shortages limit opportunities for inmates to participate in programs designed to prepare them for successful reentry:

- Psychology Services Department employees must prioritize programming for inmates with higher mental health care levels, leaving inmates with lower mental health care levels with a lack of programming and resources.
- Shortages of Education Department employees limited FMC Devens from offering General Education Diploma courses, the Commercial Driver's License program at the Camp, and the Certified Nursing Assistant program at the FMC.
- In fiscal year (FY) 2021, FMC Devens received \$150,000 in FSA funds as one of three BOP institutions selected to pilot the initial implementation of the FSA LifeSkills Laboratory program. However, as of FY 2025, FMC Devens had yet to enroll inmates in this program.



Infrastructure

FMC Devens has several unfunded major infrastructure and equipment repair projects that present safety and security issues:

- Many of the institution's systems are approaching the end of their projected lifespan, and the roofs need repair.
- Officials estimated the cost of this work to be \$15 million.

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Introduction

This report details the results of the U.S. Department of Justice (DOJ) Office of the Inspector General's (OIG) unannounced inspection of a Federal Bureau of Prisons (BOP) prison, Federal Medical Center (FMC) Devens, located in the town of Ayer, Massachusetts, which is approximately 39 miles west of Boston. FMC Devens is within the BOP's Northeast Region and is composed of two facilities, an administrative-security medical center, housing inmates with serious medical or mental health conditions, and an adjacent minimum-security prison camp. In this report, we refer to the overall institution as "FMC Devens," the administrative-security prison as the "FMC," and the minimum-security prison camp as the "Camp."

This is the fifth report of an unannounced inspection the OIG has conducted of a BOP institution pursuant to its on-site inspections program. We previously issued separate reports detailing our inspections of [Federal Correctional Institution \(FCI\) Waseca](#) and [FCI Tallahassee](#), both of which housed female inmates. The former is in the BOP's North Central Region; the latter is in the BOP's Southeast Region. We also issued our report on the inspection of [FCI Sheridan](#), an institution housing male inmates, which is in the BOP's Western Region. Most recently, we issued a report on the inspection of [FCI Lewisburg](#), an institution housing male inmates in the BOP's Northeast Region. We selected FMC Devens as the site of our fifth inspection to better understand and assess the conditions of confinement for male inmates at a Federal Medical Center.

The OIG conducted its inspection of FMC Devens between Monday, April 22, and Friday, April 26, 2024. While on site, we made physical observations; interviewed employees and inmates; reviewed security camera footage; and collected records related to inmate medical and mental healthcare, inmate programming and education, institution staffing levels, conditions of confinement, and allegations of employee and inmate misconduct. We also made follow-up requests for additional data, interviews, and documents from the institution and the BOP's Central Office, which we used to further inform our inspection (see [Appendix 1](#) for more details on the methodology).

Federal Prison Oversight Act

On July 25, 2024, the Federal Prison Oversight Act (FPOA) was signed into law. The FPOA requires the OIG to conduct periodic inspections of BOP facilities based on the OIG's assessment of risk factors at BOP facilities. Prior to the FPOA's enactment, the OIG identified FMC Devens for inspection based on our assessment of risk factors at the institution. Consistent with the FPOA's requirements, we are reporting the findings from our inspection of FMC Devens, and our recommendations to the BOP, publicly and to the U.S. Congress.

Source: Federal Prison Oversight Act, Pub. L. No. 118-71, 138 Stat. 1492 (2024) (codified at 5 U.S.C. § 101 (note))



FMC Devens Main Entrance

Source: OIG, April 2024




FMC Devens

As of April 22, 2024, the FMC housed 861 inmates, about 76 percent of its physical capacity of 1,137. It has six general population housing units, four mental health units, four medical (hospital) units, and one Special Housing Unit (SHU). The general population housing units are a combination of cells and open-concept living spaces with inmate bunk beds and communal areas for bathrooms, showers, and recreation. The mental health units vary based on the mental healthcare needs of inmates. Generally, the mental health units have single- and double-occupancy cells containing single beds with a sink and toilet. Showers may be located in single-occupancy cells or in communal bathroom areas. Similarly, the hospital units vary based on the medical care needs of inmates. Within the medical housing units, there are inmate patient beds separated by curtains or walls, as well as inmate patient rooms containing up to four beds. The SHU houses inmates who need to be separated from the general population, and it generally contains double-occupancy cells with a shower, sink, and toilet. Inmates remain locked in SHU cells except when they are escorted to recreation areas, medical appointments, visitation, and the law library.

At the time of our inspection, the Camp housed 80 inmates, approximately 66 percent of its physical capacity of 122. Camp inmates live in one housing building that has open-concept living spaces. Each living space contains bays with inmate bunk beds, as well as communal areas for bathrooms, showers, and recreation.

FMC Devens Medical and Mental Health Missions

FMC Devens is one of seven BOP Federal Medical Centers that house inmates of all medical and mental health care levels. Similar to other BOP institutions, FMC Devens provides 24-hour, 7-day medical services, such as suicide prevention, and individualized treatment plans and medication. As a Federal Medical Center, FMC Devens also has several ongoing medical and mental health missions to provide specialized inmate patient care, such as inpatient services, dialysis treatment, behavioral monitoring, and specialized

FMC Devens: Institution Profile		
	Location Ayer, MA	
	Medical Care Level 4 of 4	
	Mental Health Care Level 4 of 4	
	Employees Total Positions: 533 On Board: 432 101 Vacancies	
	<u>FMC</u>	<u>Camp</u>
	Population	Population
	Physical Capacity: 1,137	Physical Capacity: 122
	Actual Headcount: 861 ~76% Capacity	Actual Headcount: 80 ~66% Capacity
	Security Level Administrative	Security Level Minimum
	Housing Units 6 General Population Units, 4 Mental Health Units, 4 Medical Units, and 1 SHU	Housing Units 1 Building with Open-Concept Living Spaces
Employee totals are as of April 21, 2024. Inmate population totals are as of April 22, 2024.		
Source: FMC Devens documentation		

psychiatric care to inmates with the most severe needs. Inmate medical and mental health care levels are determined by the inmate's medical and mental health needs and are based primarily on chronicity, complexity, intensity, and frequency of interventions and services that are required, as well as an inmate's functional capability (see Table 1 below). Medical and mental health care levels are not synonymous and can increase or decrease over time based on the inmate's medical and mental health conditions. For example, an inmate could have cancer that is in partial remission (Medical Health Care Level 3) and show no significant level of functional mental impairment (Mental Health Care Level 1).

Table 1

BOP Medical and Mental Health Care Levels

	Medical Health Care Level Descriptions and Examples	Mental Health Care Level Descriptions
1	Inmates are less than 70 years of age and are generally healthy; they may have limited medical needs that can be easily managed by clinicians every 6–12 months. Mild asthma, diet-controlled diabetes, well-controlled hypertension, etc.	Inmates show no significant level of functional impairment associated with mental illness and demonstrate no need for regular mental health interventions.
2	Inmates require clinical evaluations monthly to every 6 months; their medical conditions can be managed through routine, regularly scheduled appointments. Medication-controlled diabetes, epilepsy, or emphysema	Inmates require routine outpatient mental healthcare on an ongoing basis and/or brief, crisis-oriented mental healthcare of significant intensity (e.g., placement on suicide watch or behavioral observation status).
3	Inmates have complex, and usually chronic, medical conditions and require frequent clinical contact to maintain control or stability of their conditions or to prevent hospitalizations or complications; inmates may require assistance with some activities of daily living that can be accomplished with inmate companions. ^a Cancer in partial remission, advanced human immunodeficiency virus disease, severe mental illnesses, or end-stage liver disease	Inmates require enhanced outpatient mental healthcare (i.e., weekly mental health interventions) or residential mental healthcare (i.e., placement in a residential Psychology Treatment Program).
4	Inmates have acute medical or chronic mental health conditions, may be severely impaired, and may require 24-hour skilled nursing care or nursing assistance. Cancer on active treatment, dialysis, quadriplegia, stroke, major surgical treatment	Inmates require acute care in a psychiatric hospital, are gravely disabled, and cannot function in general population in an enhanced outpatient environment.

^a An inmate companion is part of the inmate work program and receives specialized training to assist and support other inmates unable to independently perform one or more activities of daily living.

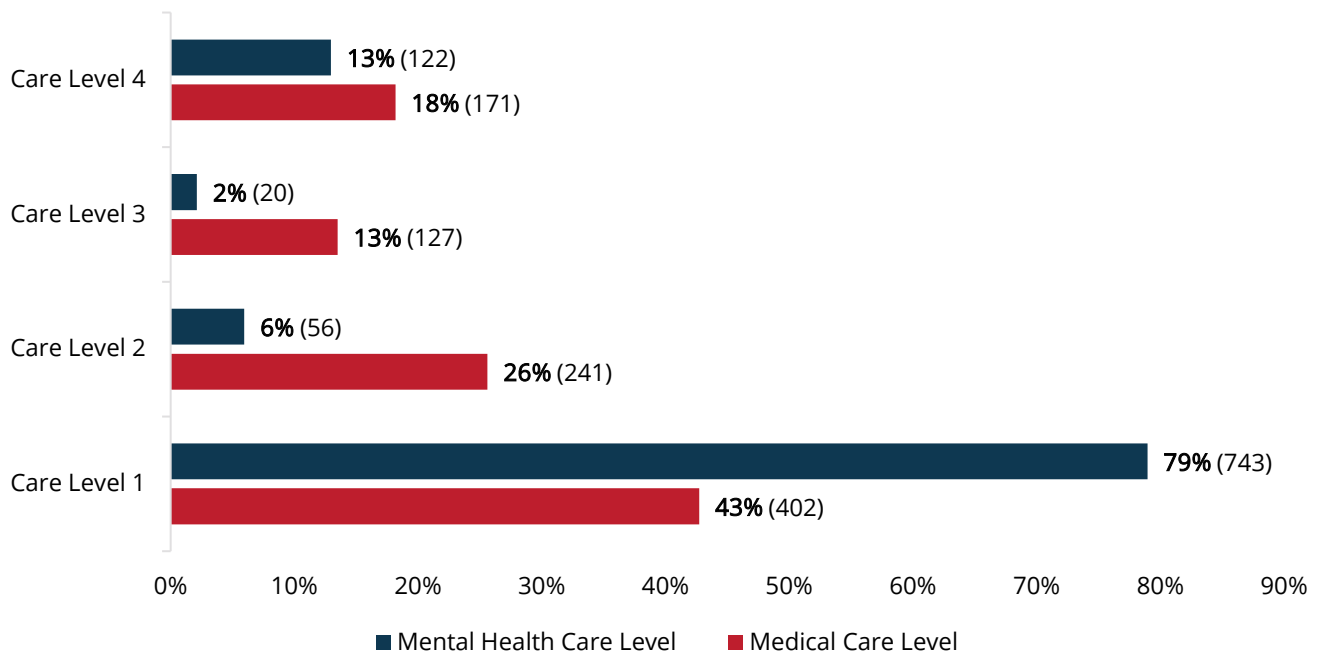
Note: Conditions generally classified as serious mental illnesses include schizophrenia spectrum and other psychotic disorders, bipolar and related disorders, major depressive disorder, anxiety disorders, obsessive-compulsive and related disorders, trauma and stressor-related disorders, intellectual disabilities and autism spectrum disorders, major neurocognitive disorders, personality disorders.

Source: BOP Care Level Classification for Medical and Mental Health Conditions or Disabilities, May 2019

As stated above, inmates can be assigned a medical care level independent of their mental health care level, and vice versa, as the two are not always synonymous. At the time of our inspection, FMC Devens had the inmate composition depicted in Figure 1 below.

Figure 1

Percentages of FMC Devens Inmates by Medical Care Level and Mental Health Care Level, April 2024



Source: FMC Devens documentation

As a Federal Medical Center, FMC Devens has several ongoing medical missions to provide specialized inmate patient care:

- **Inpatient Services:** The inpatient medical unit has a 12-bed capacity, including 1 airborne isolation room. This unit provides health and personal care services to chronically ill, aged, physically disabled, or developmentally disabled inmates on a long-term basis, including 24-hour, 7-day nursing care. Additionally, this unit may provide short-term care for inmate patients who require medical care beyond the capabilities of the outpatient clinic but do not meet requirements for transfer to an outside hospital.
- **Outpatient Services:** FMC Devens is responsible for addressing urgent care needs, as they arise, for all inmates in the institution, as well as for providing routine care through clinics and separate preventive health services based on policy requirements, risk profiles, recommended screening intervals, and results of screening tests. Such services may include physical examinations, infectious disease screening, cancer screening, chronic disease screening, and immunizations.

- **Dialysis Unit:** The Dialysis Treatment Center provides treatment for inmates with end-stage renal failure. The BOP has only four institutions with a dialysis unit: FMC Devens, FMC Butner, FMC Carswell, and U.S. Medical Center for Federal Prisoners Springfield.
- **Transplant Coordination Services:** FMC Devens provides access to organ transplants, including liver and kidney transplants, through its comprehensive medical contract with a community transplant center. FMC Devens was the first BOP institution to provide its inmates donor transplant services.
- **Rehabilitation Services:** The Physical Therapy Department provides a full range of services for inmates referred with orthopedic, neurologic, and general medical conditions.
- **Memory Disorder Unit (MDU):** The MDU provides 24-hour nursing care to inmates who have dementia. FMC Devens maintains the only MDU within the BOP.¹

FMC Devens also has several primary mental health missions:

- **Forensic Evaluation Site:** In accordance with 18 U.S.C. §§ 4241–4248, FMC Devens conducts court-ordered psychological evaluations and direct psychological care for defendants and inmates referred from all parts of the United States. Specifically, psychological evaluations can be conducted to assess and restore competency for criminal proceedings; weigh criminal responsibility in light of mitigating and aggravating mental or behavioral disorders; and monitor persons found to be dangerous, sexually or otherwise.
- **Restorative Care:** FMC Devens provides specialized, limited inpatient evaluation and psychiatric care—including the involuntary administration of psychiatric medication—to pretrial detainees who have been judged incompetent to stand trial. The limit on initial commitment for a pretrial detainee who has been court ordered to undergo restorative care is not to exceed 4 months; however, additional time can be ordered if it is likely that the individual will be restored to competency.
- **Civil Commitments:** FMC Devens provides inpatient psychiatric care for pretrial and sentenced inmates who have been civilly committed due to incompetence, assignment as sexually dangerous under the Sex Offender Registration and Notification Act, or through a determination by the institution's Risk Assessment Panel, which reviews all mentally ill inmates (convicted or not guilty by reason of insanity) annually and prior to their release.²
- **Serious Mental Illness:** FMC Devens provides continuous care for inmates with severe mental illnesses, such as schizophrenia spectrum disorders, bipolar disorder, major depressive disorder,

¹ Dementia is a condition characterized by the loss of cognitive function—the ability to think, remember, or reason—to the extent that it interferes with memory, language skills, visual perception, problem solving, self-management, and basic activities of daily living. See National Institute of Neurological Disorders and Stroke, “[Dementias](https://www.ninds.nih.gov/health-information/disorders/dementias?search-term=dementia#toc-the-basics-of-dementia-and-cognitive-impairment),” www.ninds.nih.gov/health-information/disorders/dementias?search-term=dementia#toc-the-basics-of-dementia-and-cognitive-impairment (accessed October 2, 2024).

² See [Appendix 3](#) (Certification and Civil Commitment of Sexually Dangerous Persons).

and other psychotic disorders. Inmates experiencing serious mental illness are housed in either the Secure Mental Health Unit (SMHU) or a transitional Mental Health Unit. Inmates may be admitted to the SMHU if they have a severe mental illness and a significant history of violence or are at heightened risk for suicide. The SMHU has 24-hour, 7-day care and offers treatment plans that include interventions and services from various departments at FMC Devens, with the goal of moving SMHU inmates to a transitional Mental Health Unit. The transitional Mental Health Units are considered step-down units from the SMHU and offer intermediate levels of care for inmates with serious mental illness. The goal of the transitional Mental Health Units is to minimize relapse and to prepare inmates for integration into general population housing units and society at large.

- **Sex Offender Management Program (SOMP) and Residential Sex Offender Treatment Program (SOTP-R):** The SOMP is a moderate-intensity management program designed for low-to-moderate-risk sexual offenders. The program includes psychoeducational groups and individual psychotherapy. Within the SOMP, FMC Devens facilitates the SOTP-R, a voluntary, high-intensity program designed for high-risk sexual offenders in a residential treatment unit. The program includes cognitive-behavioral based psychotherapy groups.
- **Substance Abuse Treatment:** FMC Devens provides a Non-Residential Drug Abuse Program that is a moderate-intensity cognitive-behavioral treatment program. FMC Devens also provides Medication Assisted Treatment, which is the use of medication in combination with drug education classes, counseling, and/or behavioral therapy to treat inmates diagnosed with Opioid Use Disorder.

In addition to the mental health missions at FMC Devens, the institution participates in a predoctoral internship program, accredited by the American Psychological Association, through which students assist with the mental healthcare of inmates at the institution while completing their doctorate.

Inspection Results

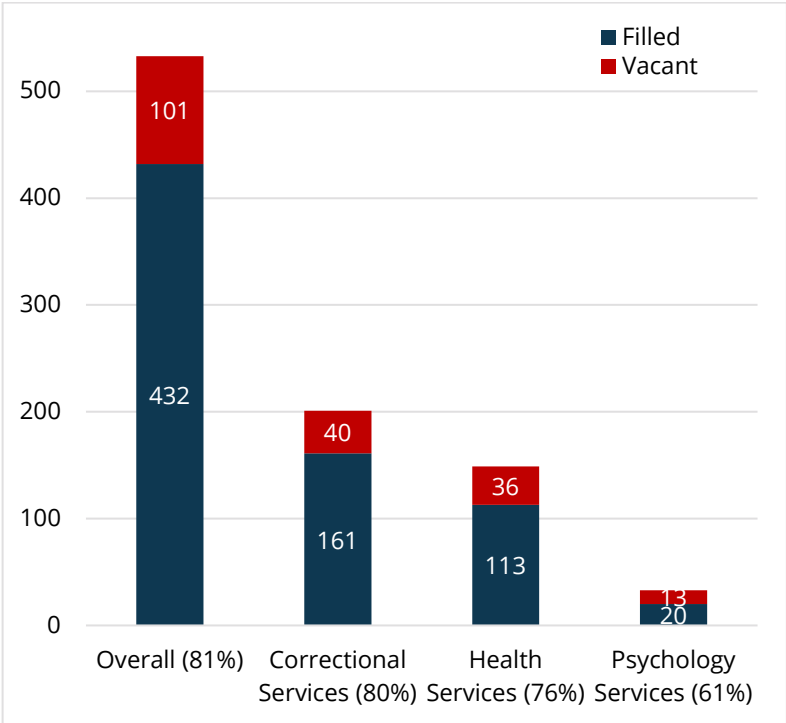
Staffing Challenges

As described extensively in previous OIG oversight products, staffing shortages and employee allocations are among the chief and long-standing operational challenges facing the BOP enterprise-wide. Our inspection of FMC Devens found significant staffing shortages at the institution, as well as substantial disparities in BOP estimates of the staffing levels necessary for the institution to execute its missions successfully. FMC Devens employees noted that many of its existing positions were vacant, which they believed hampered their ability to achieve effective operations. As described in greater detail below, FMC Devens Executive Leadership’s perspective about additional staffing needs is in contrast with estimates developed by an outside contractor hired by the BOP to calculate appropriate staffing levels for each institution through a recently deployed staffing projection tool.

At the time of our inspection, FMC Devens had a total of 533 positions composed of 506 BOP positions authorized specifically for FMC Devens in the Departments of Correctional Services, Health Services, Psychology Services, and others; 24 positions supported through the U.S. Public Health Service; and 3 supplemental staffing allocations from DOJ. We found that 81 percent (432 of 533) of FMC Devens’ total positions were filled. Specifically, there were 40 vacancies in the Correctional Services Department, 36 vacancies in the Health Services Department, and 13 vacancies

Figure 2

FMC Devens Staffing Level Overview



Notes: Here and throughout the report, “Health Services” includes BOP Health Services employees and employees of the U.S. Public Health Service, a branch of the uniformed services that supports public health and helps fill health services roles within federal agencies and programs. “Psychology Services” includes Psychology Services employees, employees from the Drug Abuse Program, and employees from the Sex Offender Management Program.

Source: FMC Devens staffing data as of April 2024

in the Psychology Services Department.³ To alleviate staffing shortages, the BOP spent approximately \$4 million on retention bonuses; \$176,000 on recruitment incentives; and \$60,000 on student loan repayments at FMC Devens. Yet, we found these incentives to be somewhat ineffective due to the high cost of living and better paying jobs across the state of Massachusetts, which some employees left FMC Devens to attain. BOP Director Colette Peters testified before the U.S. House of Representatives' Subcommittee on Crime and Federal Government Surveillance that a Correctional Officer left their position at FMC Devens for a position with a better wage at a local grocery store. According to the BOP and the Department of Justice, physicians at FMC Devens earn approximately \$282,480 per year whereas a physician at a nearby hospital emergency department earns about \$415,300. Similarly, mid-level practitioners at FMC Devens earn a salary between \$72,182 and \$123,528 whereas mid-level practitioners at a nearby hospital earn an average salary of \$141,120.⁴ Additionally, we found that the annual median wage for Correctional Officers in state and local prisons across the state of Massachusetts was \$78,810 and the annual median wage for nurses was \$99,730. These discrepancies illustrate that positions at FMC Devens are not competitive within the surrounding area, which could hinder FMC Devens's ability to retain and hire qualified employees.⁵

We also found that upcoming retirements of employees may exacerbate FMC Devens's staffing crisis. At the time of our inspection, at least 70 employees were eligible for retirement and an additional 11 employees were scheduled to retire by the end of calendar year 2024. Of the 70 employees eligible to retire, 41 percent (29) worked in the Correctional Services Department.

Relevant Prior OIG Work and Related Recommendations: BOP Staffing Levels

A 2021 Government Accountability Office (GAO) report recommended that the BOP develop and implement a reliable method for calculating staffing levels at BOP institutions. The DOJ OIG made a similar recommendation in a 2023 report examining the BOP's strategies to identify, communicate, and remedy operational issues. In response to these recommendations, the BOP hired an outside contractor in 2021 to help it calculate staffing levels for each BOP institution, using a staffing projection tool.

Both the GAO's and the OIG's recommendations remain open, but we note that the BOP has made progress in developing the staffing projection tool, which we discuss in greater detail in the sections below.

See [Appendix 2](#), Items V and XIV, for more information about these reports.

³ We report these vacancies as reflected on the BOP's internal staffing report; however, the BOP's count of vacancies differs. The BOP considers five Health Services Department positions to be "aligned" under the Psychology Services Department.

⁴ This data is included in a document submitted by DOJ to the U.S. Senate Committee on the Judiciary on November 7, 2024, titled "A Funding Proposal to Address Critical Safety Needs Across the Federal Prison System."

⁵ At the time of our inspection, at FMC Devens the entry-level salaries were \$55,138 for Correctional Officers and \$62,672 for nurses. After receiving a draft of this report, the BOP noted that not all Correctional Officers and nurses were paid at the minimum entry-level rate. In addition, the BOP told us that it submitted two nationwide Special Salary Rate requests to the U.S. Office of Personnel Management for Correctional Officer and nursing positions in an effort to offer more competitive salaries. The BOP discusses these Special Salary Rate requests in its response to the draft report ([Appendix 4](#)), and the OIG mentions the requests in its analysis of the BOP's response ([Appendix 5](#)).

Correctional Services Staffing Shortages

Staffing shortages at FMC Devens have particularly affected the Correctional Services Department, which is composed primarily of Correctional Officer positions. Correctional Officers are vital to the safety and security of the institution, as they are responsible for providing round-the-clock supervision of inmates. Specifically, FMC Devens had only 80 percent of its Correctional Services positions filled at the time of our inspection (see Figure 2 above). To compensate for vacancies in these critical positions, institution management has adopted two stopgap measures used widely across the BOP to maintain coverage of correctional posts: (1) mandated and voluntary overtime and (2) temporary assignment of non-Correctional Officer personnel into Correctional Officer positions, a practice known as augmentation.⁶ Through these measures, FMC Devens employees performed about 98,000 hours of work covering Correctional Officer posts—equivalent to approximately 47 full-time positions—from January 2023 through April 2024. The BOP noted that the majority of the 98,000 hours includes the use of an FMC Devens mutual agreement whereby Correctional Officers can earn and utilize compensatory time within their 40-hour work week.⁷

Even if the FMC Devens Correctional Services Department filled all of its vacancies, we question whether it would be able to appropriately staff the FMC and the Camp without the continued use of overtime and/or augmentation. At the time of our inspection, 161 of 201 Correctional Services Department positions had been filled, which amounts to 40 vacancies. However, in the year prior to our inspection, FMC Devens management used overtime, augmentation, and compensatory time to fill the equivalent of approximately 47 of these full-time positions.⁸ Given that the extent of staffing gaps the institution covered through overtime, augmentation, and compensatory time represents 7 positions greater than its official number of vacancies less than a year later, we believe that the 201 positions officially allocated to the Correctional Services Department may be too low.

When we discussed staffing levels with the FMC Devens Warden, he believed that 201 authorized positions for the Correctional Services Department was sufficient. However, this figure differs significantly from the calculation produced by the BOP contractor's staffing projection tool, which as of July 2024 projected that FMC Devens needed only 189 authorized positions in its Correctional Services Department. Moreover, the staffing projection tool estimate of 189 employees is below the number of Correctional Services employees

⁶ The OIG described the BOP's use of mandatory overtime and augmentation in our inspection reports of FCI Sheridan and FCI Lewisburg and in broader OIG work on BOP inmate deaths in custody. In the latter report, we found that all three BOP sites we visited (U.S. Penitentiary Thomson, Federal Transfer Center Oklahoma City, and Federal Correctional Complex Hazelton) used mandatory overtime to compensate for staffing shortages. See [Appendix 2](#), Items III, IV, and VI, for more information on these reports and Item VII for our 2020 Management Advisory Memorandum on the BOP's use of overtime in 2019.

⁷ After receiving a draft of this report, the BOP told us that overtime, augmentation, and compensatory time do not directly correlate to workforce needs.

⁸ The U.S. Office of Management and Budget calculates the total number of work and leave hours that a full-time equivalent employee records during a year at 2,080. Because those 2,080 hours include annual, sick, and other leave that an employee may use during the year, our calculation understates the number of full-time employees that would be needed to cover those 98,000 hours of overtime. However, because annual leave granted to an employee each year is based on the employee's seniority, it would be impracticable for us to calculate with precision the number of full-time equivalent employees that the 98,000 hours of overtime represents.

See past OIG work on the BOP's use of overtime at [Appendix 2](#), Item VII.

currently on board combined with the OIG’s calculation of the amount of overtime and augmentation FMC Devens employees worked to cover Correctional Services needs. Table 2 below depicts the differences in current and projected staffing needs in the Correctional Services Department.

Table 2

FMC Devens Correctional Services Department Position Totals and Projected Needs, April 2024

Filled Positions	Authorized Positions	Filled Positions Plus Positions Filled via Overtime, Compensatory Time Earned, or Augmentation	Estimate of Necessary Positions Made by FMC Devens’s Warden	Staffing Projection Tool Estimate of Necessary Positions
161	201	208 (161+47)	201	189

Notes: The OIG calculated positions filled via overtime for FMC Devens’s Correctional Services Department by dividing employee overtime, compensatory time, and augmentation hours worked in Correctional Services (approximately 98,000) by the total number of work and leave hours (2,080) the U.S. Office of Management and Budget calculates that a full-time equivalent employee records during a year. Positions filled via overtime numbers are rounded.

Sources: FMC Devens staffing data, FMC Devens Executive Leadership, and the BOP contractor’s staffing projection tool

Relevant Prior OIG Work and Related Recommendations: Correctional Officer Shortages Affecting Safety and Security

The OIG’s June 2023 report on its investigation and review of the BOP’s custody, care, and supervision of Jeffrey Epstein at Metropolitan Correctional Center New York found that staffing deficiencies at the institution contributed to the failure of its employees to perform inmate-monitoring rounds during the evening of Epstein’s death. A 2024 OIG report on inmate deaths in custody also found that the failure to appropriately complete inmate-monitoring rounds was a factor contributing to 86 BOP inmate deaths, including Epstein’s, between 2014 and 2021.

To address the effects of staffing shortages on institution safety, in the Epstein report the OIG recommended that the BOP continue to develop and implement plans to address staffing shortages at its prisons. As of the publication of this report on FMC Devens, this recommendation remains open.

See [Appendix 2](#), Items VI and VIII, for more information about these reports.

Health Services Staffing Shortages

At the time of our inspection, FMC Devens’s Health Services Department was staffed at 76 percent, with 113 of 149 positions filled. However, this low staffing percentage does not reflect the true staffing crisis the Health Services Department is experiencing. We provide examples below:

- Two of the institution’s six physicians were on extended leave without pay, and three physician positions were vacant, leaving one physician and the Clinical Director (who is also a physician) to

manage the care of the entire inmate population. The Clinical Director retired in June 2024; the position remained vacant as of October 5, 2024, leaving FMC Devens without this critical medical role filled and only one physician at the institution.

- The Chief Pharmacist, the Chief Psychiatrist, and the Director of Nursing have also retired since our inspection; these positions remained vacant as of October 5, 2024. Further, both the Chief Dental Officer and Deputy Chief Psychologist positions were vacant.
- Other vacancies at the time of our inspection include 24 percent of nurse positions (10 of 42 filled) and 45 percent of pharmacist positions (5 of 11 filled).
- During calendar year 2024, eight additional employees, including medical records employees, technicians, and nurses, became eligible to retire.

Yet, despite the substantial number of vacancies, some employees in the FMC Devens Health Services Department are required to participate in augmentation.⁹ Of the 113 employees in the department, 38 percent (43) are required to participate in augmentation to Correctional Officer posts or nursing posts. At the time of our inspection, 33 employees, including administrative employees, health information technicians, dietitians, and laboratory employees, were augmented to Correctional Officer posts and 10 Health Services Department employees with a nursing background were augmented to nursing posts. We believe that FMC Devens's Health Services Department is in a staffing crisis due to the overall staffing numbers and the augmentation requirements of employees within this department. We are concerned that the staffing crisis could limit medical services provided to inmates and negatively affect the institution's ability to care for inmates, including inmates who may have been transferred to FMC Devens expressly for specific medical programs, such as dialysis, transplant, or the Memory Disorder Unit (MDU).

Illustrative of our concerns, due to the systemic shortage of nurses and physical therapists, FMC Devens had to limit the transfers of inmates from other BOP institutions for placement in the MDU or for orthopedic care. In January 2024, the FMC Devens Warden requested a pause in inmate admissions to the MDU until October 25, 2024; the request was granted in April 2024, during our inspection. As stated in the [Medical and Mental Health Missions](#) section of this report, the MDU at FMC Devens is the only MDU within the BOP to provide the specialized care those inmates need. Similarly, FMC Devens paused accepting new orthopedic cases from March 13 until December 3, 2024, because only one physical therapist and one occupational therapist were treating the large inmate population with orthopedic needs. According to the Chief Physical Therapist, the institution had been operating with only one physical therapist since August 2023 and there was a growing waitlist of inmates needing physical therapy services. We believe that the pause in accepting inmates from other institutions into the MDU and for orthopedic care could negatively affect the continuity of inmate care; could require inmates to stay at institutions without necessary memory disorder or orthopedic care, which

⁹ After receiving a draft of this report, the BOP told us that Health Services employees who provide direct patient care are not augmented to Correctional Officer posts. However, some FMC Devens employees, including mental health and medical social workers, who provide one-on-one care for inmates, were augmented to Correctional Officer posts during the prior year. FMC Devens Executive Leadership explained that the Health Services and Correctional Services Departments collaborate to ensure that augmentation does not result in a Health Services Department closure or a delay in medical services; specific employees may be exempt from augmentation.

may exacerbate these conditions; and could lead to costly placement in community care facilities if proper care is not available within the BOP.

Further, on May 10, 2024, FMC Devens requested a temporary pause in accepting Medical Care Level 4 inmates, who require advanced medical care and daily living assistance, from other BOP institutions due to the Health Services Department staffing crisis. According to the Warden, any more inmates requiring advanced medical care and daily living assistance without adequate employee coverage would leave the already high-risk inmate population at a greater risk of medical-related emergencies. On June 5, the BOP's Central Office reviewed and approved FMC Devens's request, granting a moratorium for Medical Care Level 4 inmates who require assistance with activities of daily living until December 3, 2024. We find this pause in accepting Medical Care Level 4 inmates concerning because restricting the transfer of inmates with advanced medical care needs to a Federal Medical Center could negatively affect the health and care of those inmates. Those inmates may be required to remain at an institution that lacks advanced medical care, which could exacerbate an inmate's medical condition and require the BOP to incur significant costs for outside care.

In addition to their concern with the institution's Correctional Services staffing levels, Executive Leadership expressed concern about their ability to meet mission needs with the current medical and mental healthcare staffing levels. They also expressed concerns related to their ability to hire qualified medical and mental health employees, noting that the state of Massachusetts has an abundance of medical and mental health employment opportunities and that those positions pay more than FMC Devens can. They believed that more competitive pay would help them recruit and hire qualified candidates, and, in order to address FMC Devens's responsibilities as a Federal Medical Center, the Warden reported that FMC Devens would need approximately 250 employees in the Health Services Department. In addition, Health Services Department employees told us that morale within the department is low, due to the low staffing levels, as the department struggles to manage its daily responsibilities. Low morale within the department may cause employees to leave FMC Devens to work elsewhere, which would exacerbate the effects of low staffing.

In contrast to the reduced Correctional Officer staffing estimate produced by the BOP contractor's staffing projection tool, discussed above, the tool recommended increasing the number of positions for the Health Services Department. The tool recommended 304 positions for the Health Services Department, a far greater number than Institution management told us they could use. Specifically, although FMC Devens's Executive Leadership believed that they needed far more than the current 149 positions, they said that the institution did not have the space or equipment to accommodate 304 employees and that it would be difficult to fill over 100 vacancies. Table 3 below shows the differences in current and projected staffing needs for the Health Services Department.

Table 3

FMC Devens Health Services Department Position Totals and Projected Needs, April 2024

Filled Positions	Authorized Positions	Actual Filled Positions and Positions Covered by Overtime, Compensatory Time Earned, and Augmentation	Estimate of Necessary Positions Made by FMC Devens's Warden	Staffing Projection Tool Estimate of Necessary Positions
113	149	N/A	250	304

Notes: We included one supplemental staffing allocation in the Health Services Department authorized positions.

Although some Health Services employees are eligible to earn compensatory time and overtime, not all Health Services employees are augmented to Correctional Officer posts; therefore, the OIG did not include in this calculation positions filled via compensatory time, overtime, and augmentation.

Sources: FMC Devens staffing data, FMC Devens Executive Leadership, and the BOP contractor's staffing projection tool

When we discussed discrepancies between FMC Devens's and the staffing projection tool's estimates with the BOP's Assistant Director for the Human Resource Management Division at Central Office and the contract employees who developed the tool, they explained that the staffing projection tool includes a variety of factors in its algorithm to generate staffing estimates for institutions and that those estimates reflect the needs of an institution under ideal circumstances. However, the contract employees told us that the existing infrastructure within the institution and its square footage were not considered when the tool recommended increasing the number of positions within FMC Devens's Health Services Department.

Relevant Prior OIG Work: Medical Personnel Shortages

Medical personnel shortages have been a long-standing challenge for the BOP. In a March 2016 report, we found that medical personnel positions were filled at only 83 percent across the BOP. As we observed during our inspection of FMC Devens, the BOP's medical personnel shortages persist. According to a September 2023 Pandemic Response and Accountability Committee report to which the DOJ OIG contributed, at that time the BOP's medical personnel shortage stood at 69 percent. That report detailed a variety of contributing factors, including noncompetitive pay, limited career advancement opportunities, and the additional stressors and responsibilities associated with working in a correctional setting compared to those associated with working in the community. The report also detailed how these shortages contributed to decreases in patient satisfaction and delays in routine and preventive care during the coronavirus disease 2019 pandemic. As noted previously in this report, the OIG's Epstein report recommended that the BOP continue to develop and implement plans to address staffing shortages at its prisons, including medical staffing shortages, and, as of the publication of this report on FMC Devens, that recommendation remains open.

See [Appendix 2](#), Items VIII, XI, and XII, for more information about these reports.

Psychology Services Staffing Shortages

At the time of our inspection, FMC Devens's Psychology Services Department was staffed at only 61 percent (20 filled positions out of 33), with vacancies including the only authorized staff psychologist; both advanced

care psychologists; two sex offender program psychologists; and all three specialty treatment program specialists, who provide individual and group therapy to inmates. Because BOP policy requires the institution to prioritize the treatment of inmates with higher mental health care levels over the needs of inmates with lower mental health care levels, FMC Devens's Psychology Services Department devotes much of its staff resources to its varied inmate specialty groups like the Sex Offender Treatment Program and inmates with serious mental illness, as the [Medical and Mental Health Missions](#) section of this report described. Consequently, Psychology Services Department staffing shortages exacerbate the issue of limited treatment, such as individual or group treatment and psychology-led programming, available to inmates without a serious mental disorder. In the [Inmate Programming](#) section of this report, we further discuss how staffing issues affect inmate programming.

Additionally, at the time of our inspection, only one employee was overseeing both the Drug Abuse Program and the Medication Assisted Treatment (MAT) program. Psychology Services Department employees told us that, without a MAT-focused psychologist, their ability to screen inmates and begin MAT programming was limited. Similarly, at the time of our inspection, while both Forensics Unit psychologist positions were filled, as of June 2024, one of the Forensics Unit psychologists went on extended leave, leaving the institution with only one Forensics Unit psychologist. Due to the volume and demands of the Forensics Unit psychologists' caseloads at FMC Devens, during the summer of 2024 the BOP's Central Office dispatched temporary evaluators to assist with the caseloads and prepare for incoming inmates who require forensic psychologist review. Psychology Services Department management expressed that, while these efforts helped the institution avoid delays in completing forensic evaluations, they were concerned that the day-to-day care and oversight of the 52 forensic evaluation inmates at FMC Devens fell on one Forensics Unit psychologist. We believe that the use of temporary employees is a provisional solution to the more systemic staffing crisis that FMC Devens faces.

At the time of our inspection in April 2024, the BOP's contractor was still developing the staffing projection tool's recommended number of positions for FMC Devens's Psychology Services Department and, therefore, did not have a recommended staffing number. When the tool was finalized and released on October 1, 2024, after our fieldwork ended, it recommended increasing the total number of positions from 34 to 45 for the Psychology Services Department. We note that the staffing tool references 34 rather than 33 positions (as we described above) because it included in its count a staff psychologist position that is listed under the Health Services Department on the FMC Devens staffing report. Since the Psychology Services Department projection was not available during our inspection, we report these numbers for informational purposes; we did not discuss the Psychology Services Department recommendation with FMC Devens employees or Executive Leadership. After receiving a draft of this report, the Warden stated that FMC Devens would need 48 positions in the Psychology Services Department, which differs from the staffing projection tool's recommended 45 positions.

Given the long-standing challenges the BOP has experienced in determining appropriate staffing levels for institutions, and the efforts it has thus far taken to align staffing levels with mission needs, we are concerned that FMC Devens Executive Leadership's assessment of the institution's staffing needs differs significantly with preliminary staffing projection tool estimates. Therefore, we recommend that the BOP:

1. Ensure that FMC Devens Executive Leadership and the Central Office's Human Resource Management Division discuss the staffing projection tool methodology and how it compares with

FMC Devens Executive Leadership's understanding of its current and potential future mission needs to ensure greater alignment between stakeholder staffing projections.

Inmate Healthcare

In addition to the Health Services and Psychology Services Department staffing challenges discussed in the [Staffing Challenges](#) section above, we identified eight other areas of concern related to the provision of healthcare to FMC Devens inmates:

1. potentially dangerous practices related to the distribution of buprenorphine and naloxone when we observed the distribution of medication to inmates at the Camp;
2. a backlog of outside medical visits that had yet to be scheduled and a discrepancy in the number of pending medical records between a company contracted by FMC Devens to facilitate outside medical records and FMC Devens;
3. inconsistencies in inmates' access to medical care for routine conditions;
4. inconsistencies in routine screening of inmates over age 50 for preventive healthcare or cognitive impairment;
5. not all inmates with a diabetes diagnosis being tested within the required timeframes;
6. not all healthcare provider credential files being verified according to BOP policy;
7. improper placement of some inmates in the MDU; and
8. some medical inmate companions not meeting the BOP's eligibility criteria and some performing duties outside the scope of a medical inmate companion and prohibited by the BOP.

Potentially Dangerous Medication Distribution Practices

We identified a number of potentially dangerous practices, in violation of BOP policy and guidance, when we observed the distribution of buprenorphine and naloxone medication to inmates at the Camp; the process of distributing medications to inmates is known as "pill line." Buprenorphine and naloxone are controlled substances for which the BOP requires direct supervision for the duration of medication administration and consumption. According to the BOP's Opioid Use Disorder Guidance, institutions should consider how to reduce diversion of controlled substances during pill line operations, which may include establishing separate pill lines for observations of controlled substances.¹⁰ To minimize the risk of diversion, BOP clinical guidance states that the pill line for buprenorphine and naloxone should include direct supervision for the duration of medication administration and consumption and a mouth check prior to administration and at

¹⁰ BOP Opioid Use Disorder Guidance, January 2024. The BOP does not make this clinical guidance publicly available. See [Appendix 3](#) for the BOP policies and clinical guidance cited in this report.

the conclusion of the medication observation period. Diversion, which is defined as the illicit transfer or sharing of controlled medications with others to whom the medication was not prescribed or dispensed, can be particularly dangerous in a correctional setting: these medications have contraband value, as they can sometimes result in a high. Diversion of these medications can also lead to altercations and violence when the redistributed medications do not have the sought-after effects.

We found the following concerning pill line practices for controlled substances among Health Services Department employees at the Camp:

- They administered buprenorphine and naloxone to inmates during the routine morning medication administration, along with other inmates receiving daily medications, without directly supervising inmates who received buprenorphine and naloxone for the duration of the medication administration and consumption.
- They did not conduct mouth checks before or after administering buprenorphine and naloxone to ensure that diversion did not occur or that the strip had fully dissolved.

Medications Used to Treat Opioid Use Disorder

Buprenorphine and naloxone are medications that can be combined and ingested orally through pills or dissolvable strips. When used appropriately, they can help treat opioid use disorder by helping patients manage withdrawal symptoms and reduce cravings. Though the “high” is less intense than the high from opioids, the medication can still produce a euphoric effect, as it still acts on the same opioid receptors in the brain and creates a flood of dopamine in the brain.

Sources: BOP Opioid Use Disorder Guidance and National Institutes of Health

We determined that buprenorphine and naloxone administration issues were neither limited to the period of our inspection nor unknown to Health Services Department management. We reviewed quarterly reports generated by department employees and circulated to department leadership and found that, between January 2023 and April 2024, the department self-identified multiple medication administration errors, including an inmate receiving a buprenorphine and naloxone sublingual film and a buprenorphine injection on the same day.

In addition to noncompliance with policy and guidance, we observed a serious security concern during medication administration at the Camp. Specifically, we observed that the door to enter the medication room was not secured during medication administration. When the door is left unsecured, inmates may gain access to prescription medications, which could endanger the safety and security of employees and inmates at the institution. Further, we observed an employee administering medications permitting inmates to enter the medication room to weigh themselves with little to no direct supervision from a BOP employee, increasing the safety and security concerns.

To minimize the risk of medication errors, we recommend that the BOP:

2. Ensure that FMC Devens follows BOP guidance for buprenorphine and naloxone administration and observation and that all FMC Devens employees who administer medication receive training on BOP guidance and policies for medication administration.

Backlog of Outside Medical Visits and Medical Records

When inmates require nonemergency medical treatment in areas such as ophthalmology, neurology, and radiology, which cannot be performed at FMC Devens, or they are admitted to an outside hospital, they must be scheduled to see an outside medical provider. To help schedule and manage medical treatment for inmates outside FMC Devens, the institution has a contract with a comprehensive medical services company. Once a medical visit is scheduled by the contracted comprehensive medical services company, FMC Devens employees escort the inmate to and from the appointment and supervise the inmate during the appointment. After an outside medical visit or hospital stay is complete, the company is responsible for securing the inmate's medical records and, pursuant to the contract, submitting the records to FMC Devens within 10 business days of the medical appointment or hospital discharge. When FMC Devens receives the medical records, Health Services Department employees upload the records to the Bureau Electronic Medical Records System (BEMR). Medical records typically include details regarding the circumstances of the visit, the treatment plan, and follow-up care.

At the time of our inspection, BOP medical records indicated that 57 outside medical appointments that had been ordered for inmates were yet to be scheduled; these outside medical appointments were overdue by an average of 53 days. We also found a significant backlog in the number of outside medical records pending receipt from the contracted company, as well as a discrepancy between the BOP and the contracted company on the number of outside medical records that remained outstanding. The lack of timely receipt of medical records can negatively affect physicians' ability to provide necessary follow-up care and could lead to serious health implications if FMC Devens medical employees do not know the recommended treatment for inmates.

We identified two contributing factors for the scheduling backlog for outside medical trips: first, outside medical providers canceled appointments; second, FMC Devens lacked enough employees to escort inmates to scheduled appointments while maintaining coverage of necessary posts at the institution. While inmate medical escort responsibilities are not reserved exclusively for Correctional Officers, they are the employees at FMC Devens who are most commonly assigned to serve as medical escorts. FMC Devens employees repeatedly expressed the strain that medical trips place on the Correctional Services Department and the broader institution as the institution must use mandated overtime and augmentation to fill vacant custody posts for Correctional Officers serving as medical escorts. In an effort to ease the staffing challenges of outside hospital trips, FMC Devens established an agreement with a separate contracted company that can accompany minimum- and low-security inmates to outside hospital admissions. We found that, in March 2024, 43 of these contracted employees provided 3,095 total hours of services at a cost of over \$125,000 to the institution. This need to use contract employees as a temporary and more costly solution further demonstrates the importance of addressing the systemic staffing crisis that FMC Devens faces.

We also found a significant backlog in the number of pending medical records that the contracted company indicated it needed to send to FMC Devens. According to the contract terms, outside medical records should be provided to FMC Devens within 10 days of the outside medical appointment. As of September 2024, the contracted company's backlog totaled 397 medical records that had not been sent to the BOP within 10 days for inclusion in inmates' medical files. In contrast, FMC Devens's backlog totaled 237 medical records. Of the contracted company's 397 backlogged medical records; 6 were from 2019; 85 were from 2020; 18 were from 2021; 22 were from 2022; 71 were from 2023; and 195 were from January 2024 to September 2024. The types of medical records that had yet to be entered into BEMR included outside medical visits such as emergency room visits, transplant care, oncology consultations, and radiology

consultations. We found that the discrepancy in the medical record backlog was attributable to different tracking methods and systems. Additionally, we believe that FMC Devens contract management employees had not had consistent communication with the contracted company. As of September 30, 2024, FMC Devens contract management employees had not reconciled the backlog with the contracted company. A physician at FMC Devens expressed frustration with the backlog of medical records, explaining that delayed medical records hinder their ability to provide adequate, continuous, and follow-up care to inmates with medical needs.

Lastly, we reviewed 53 inmate medical files that were listed by FMC Devens as backlogged and found that 72 percent (38 of 53) contained the outside medical record in the inmate files. FMC Devens employees had not properly indicated that the medical record had been received during its upload into BEMR, which caused the record to remain on FMC Devens's backlog list even though the record was in the inmate's file and accessible by physicians and nurses. Additionally, FMC Devens Health Services Department management had not completed quality control checks of the inmate medical record receipt and upload process as of September 30, 2024. We believe that the lack of oversight of outside medical records could lead to fragmented inmate care and could exacerbate conditions that inmates were sent to outside providers to address.

Relevant Prior OIG Work and Related Recommendations: Canceling and Rescheduling Outside Medical Visits

In a March 2022 audit report on the BOP's use of comprehensive medical services contracts to facilitate outside medical care for inmates, we found that, due to the limited availability of employees to escort inmates, the BOP was not always able to transport inmates to scheduled outside medical appointments. BOP officials also told us that appointments are rescheduled for other, unanticipated reasons, such as inmate refusal to attend the appointment, illness of the inmate, or rescheduling required by the medical provider. During our audit, we found that the BOP does not adequately track canceled or rescheduled inmate appointments, and we were unable to determine the effect these cancelations and rescheduling had on the delivery of timely medical care to inmates. As a result, we recommended that the BOP implement a reliable, consistent process throughout all BOP facilities to monitor and analyze wait times for outside inmate appointments and the causes for canceled or rescheduled appointments in order to ensure that inmates receive timely medical care. As of the publication of this report, this recommendation remains open.

See [Appendix 2](#), Item XIII, for more information about this report.

To ensure that medical records are received in a timely manner and to assist medical providers with diagnosing and treating their patients, we recommend that the BOP:

3. Implement a plan to address the medical record backlog at FMC Devens.
4. Ensure that FMC Devens develops a consistent and accurate medical record tracking procedure with the contracted company that includes regular and recurring reconciliation of outside inmate medical records between FMC Devens and the contracted company.

Inconsistent Processes for Requesting and Accessing Care

We found that, due to a variety of reasons, FMC Devens inmates may have difficulty accessing medical care for routine conditions. The most common way FMC inmates access medical care is by visiting the walk-in clinic; Camp inmates submit a request-to-be-seen form. Both processes are known as “sick call.” BOP policy dictates that all medical processes, including sick call and patient care, treatment, and services, be logged and tracked within BEMR. At the time of our inspection, we found that FMC Devens was not always following BOP policy regarding the use of BEMR. For example, we found that many nursing employees were using a paper logbook or paper forms to document and track sick call, whereby they entered an inmate’s name, register number, complaint, and appointment date and time. We also learned that paper forms were not entered into BEMR and were later shredded, making it difficult to track sick call records. When we discussed this inconsistency with FMC Devens Health Services Department management, we were told that all nursing employees should use BEMR and that nurses used the tracking logbook only as a back-up. We believe that there is a lack of communication between Health Services Department management and nursing employees and that a lack of direct supervision of nursing duties by nursing supervisors caused this discrepancy, which we believe is concerning and creates a risk that inmate care will be delayed.

Additionally, there appeared to be inconsistency in how FMC Devens nursing employees determined what constituted a need for sick call. According to BOP policy, “Sick call is defined as an inmate-initiated request for care.” One inmate told us that when they went to sick call they were turned away by nursing employees because their request for care did not comport with how the nurse defined a sick call visit. We found that this issue also related to the lack of communication and oversight by FMC Devens’s Health Services Department management. More alarming, we found that not all nurse managers at FMC Devens knew what constituted a need for sick call. One nurse manager told us that inmates who show up for medication refills should not report to sick call; rather, they should talk to Health Services Department supervisors during meal services, email the Health Services Department, or stop by the pharmacy to have their issues addressed. However, the FMC Devens Admission and Orientation Handbook given to inmates upon admission states that, “if there are no refills remaining, it is the inmate’s responsibility to sign up for sick call to have the prescription renewed in adequate time.” The inconsistency between actual practice and inmate guidance may limit an inmate’s ability to be seen and receive medication in a timely manner, which could negatively affect their overall health.

Further, we found, through our review of inmate medical records, that 13 percent (2 of the 16 inmates who were evaluated for sick call complaints) did not have a sick call or triage note documented in BEMR. FMC Devens procedures require the nurse, licensed practical nurse, or medic to complete a triage or sick call note in BEMR to include inmate complaint, history, vital signs, physical findings, and disposition. Triage allows truly urgent conditions to be addressed adequately on the same day, while also allowing more routine conditions or concerns to be addressed at a scheduled appointment. Failure to triage inmates may limit FMC Devens’s ability to prioritize inmate healthcare and further diagnose and treat urgent conditions.

To ensure that all inmates can request and have access to care, we recommend that the BOP:

5. Ensure that FMC Devens follows the BOP Patient Care Policy for sick call and provides training to all FMC Devens Health Services Department employees on the policy, as well as on FMC Devens sick call procedures.

Lack of Preventive Healthcare Screenings

The BOP Clinical Practice Guidelines (CPG) for Preventive Healthcare Screening states that periodic prevention visits are an effective way to provide preventive healthcare services for all inmate patients but especially those that are not routinely seen for other medical needs such as chronic medical conditions.¹¹ The BOP encourages prevention visits annually for inmates 50 years and older. According to the BOP CPG for Preventive Health Care Screening:

- Clinical Directors are responsible for serving as role models and leaders in delivering preventive health services; providing standing orders for nurses; providing staff education; developing Improving Organizational Performance measures; and working with the Health Services Administrator to ensure that adequate staffing, supplies, and materials are available for successful implementation of the local preventive healthcare program.
- All members of the healthcare team should take part in preventive healthcare in some capacity, under the collaborative leadership of the Health Services Administrator and the Clinical Director.
- Health Service Administrators, Clinical Directors, and the Director of Nursing should develop a process and outline the implementation of a local preventive healthcare program.

Preventive Healthcare Screening Requirements for Inmates Over Age 50

The BOP CPG for Preventive Healthcare Screening states that preventive healthcare services for inmate patients incorporates targeted patient counseling and immunizations, as well as screening for infectious diseases, cancer, cognitive impairment, and chronic diseases. It also includes recommendations for disease screening based on age, sex, clinical indication, and risk factors. Current preventive health requirements for male inmates over age 50, based on risk factors, include colon cancer, lung cancer, diabetes, hypertension, cholesterol, cardiovascular disease, abdominal aortic aneurysm, and cognitive screening. Additionally, the BOP encourages annual prevention visits for inmate patients 50 years and older.

Source: [Appendix 3](#) (Preventive Health Care, Colorectal Cancer, and Cognitive Impairment Screening)

At the time of our inspection, we found that a senior medical official was not using the CPG for Preventive Healthcare Screening and was not instructing the physicians at FMC Devens to use the CPG for Preventive Healthcare Screening. A physician told us that he had not received training or guidance related to preventive health. We also found no evidence that FMC Devens had established a local preventive healthcare program. We find it concerning that a Federal Medical Center does not have a local preventive healthcare program and that a senior medical official was not using the CPG for Preventive Healthcare Screening.

To determine whether inmates over age 50 were receiving preventive healthcare screenings, we reviewed a random sample of 5 percent (21 of 413) of the medical records for inmates over age 50. We found that only 48 percent (10 of 21) of the inmates had received a preventive health screening during the previous year. We further determined that all 48 percent of inmates who had received a preventive health screening received their screening in conjunction with a chronic care clinic, for which they were already enrolled, and

¹¹ [Appendix 3](#) (Preventive Health Care, Colorectal Cancer, and Cognitive Impairment Screening).

the screening was performed by a physician. Chronic care clinics are defined as a means for inmates with ongoing medical needs to be tracked and seen by a healthcare provider at clinically appropriate intervals. For the 52 percent of inmates whose records we reviewed who had not received a preventive health screening during the previous year, 73 percent (8 of 11) were enrolled in a chronic care clinic but had not received a preventive health screening and 27 percent (3 of 11) were not enrolled in any chronic care clinics. Regarding preventive health screenings, a physician told us, “If a person is not in a chronic care clinic, they could be here for years and never be seen.”¹² We find this concerning because the lack of preventive healthcare screening could potentially delay the care of inmates over age 50, which could negatively affect their overall health and result in the need for more costly treatment.

Further, we found that none of the 21 inmates over age 50, including the 10 who had a preventive health screening, had received a cognitive impairment screening as part of their preventive healthcare. According to the BOP CPG for Preventive Healthcare Screening, inmates 50 years old or older, without recognized signs or symptoms of cognitive impairment, should be screened for cognitive impairment using a “Mini-Cog” screening tool. The BOP uses the Mini-Cog tool as a fast and simple screening test to help detect dementia in its early stages. We find the lack of cognitive impairment screening at FMC Devens concerning because, at the time of our inspection, 44 percent of its inmate population was over age 50 and should receive this screening for appropriate healthcare monitoring. FMC Devens is one of only seven Federal Medical Centers and, as such, should prioritize inmate healthcare. In addition, because FMC Devens houses the BOP’s only MDU, it should be properly screening inmates for cognitive impairment (discussed in the [Memory Disorder Unit](#) section below).

Additionally, the BOP CPG for Preventive Healthcare Screening states that inmates between ages 45 and 75 at average risk for colorectal cancer should receive an annual screening to detect potential signs of colon cancer.¹³ If the results of that screening indicate potential signs of colon cancer, the BOP CPG for Preventive Healthcare Screening states that the inmate should receive a colonoscopy.¹⁴ As of April 2024, FMC Devens had 371 inmates at average risk for colorectal cancer, 93 percent of whom were offered screening (the scope of this inspection did not include analyzing the institution’s compliance in providing colonoscopies to eligible inmates). Preventive colorectal cancer screenings are important because early disease detection can improve health outcomes and mitigate the need for more costly treatments. Given the importance of ensuring that inmates at risk of colon cancer have access to preventive screenings, in April 2024 [we initiated](#)

¹² After receiving a draft of this report, the BOP noted that it educates inmates about how to access medical care for chronic care diagnoses and preventive health visits for routine, age-appropriate assessments and screenings and informs inmates that they are entitled to no-cost preventive health visits at appropriate intervals (recommended to occur every 3–5 years but as often as annually based on age and health risk factors) but the onus is on the inmates to seek and request this care. The BOP added that some inmates may elect to not request medical services or to refuse medical services.

¹³ [Appendix 3](#) (Preventive Health Care, Colorectal Cancer, and Cognitive Impairment Screening).

¹⁴ If an inmate is determined to be at increased risk for colorectal cancer, the BOP’s CPG for Preventive Healthcare Screening (see [Appendix 3](#) (Preventive Health Care, Colorectal Cancer, and Cognitive Impairment Screening)) refers providers to cancer prevention organizations’ recommendations for colorectal cancer early detection. Factors that increase an individual’s risk for colon cancer include a history of polyps, past diagnosis of colorectal cancer, family history of and genetic predisposition to colon cancer, and inflammatory bowel disease.

[a broader evaluation](#) of inmate colorectal cancer screening practices and clinical follow-up on colorectal cancer screening results across the BOP.

To ensure that inmates receive appropriate preventive healthcare screenings, we recommend that the BOP:

6. Ensure that FMC Devens follows the BOP's Clinical Practice Guidelines for Preventive Healthcare Screening to establish a local preventive healthcare program and utilize all members of the healthcare team in preventive healthcare.
7. Ensure that all FMC Devens inmates over age 50 are receiving preventive healthcare screenings, including cognitive impairment screening.

Management of Diabetes

According to the BOP CPG for Preventive Healthcare Screening, an A1C level should be obtained every 3 months for a diabetic inmate with an A1C level above their individualized target, which is generally 7–7.5 percent.¹⁵ The guidelines further provide that an A1C level should be obtained every 6 months for a diabetic inmate with an A1C level below 7 percent. We reviewed the medical records of 20 FMC Devens inmates with a diabetes diagnosis and found that all 20 were enrolled in a diabetes chronic care clinic and had been evaluated by a physician annually. However, we found that 5 of the 20 diabetic inmates (25 percent) we reviewed with A1C levels above 7.5 percent had not had an A1C test every 3 months, as outlined by the BOP CPG for Preventive Healthcare Screening, preceding our inspection; the remaining 15 inmates did have A1C testing as provided for in the guidelines.

A1C Testing

An A1C level is obtained by testing an individual's blood to determine the average amount of sugar in their blood over the preceding 3 months.

A1C testing helps clinicians and patients manage diabetes effectively by providing clinicians information to make timely adjustments to patient treatment plans and to recommend lifestyle modifications and prevention strategies.

Source: [Appendix 3](#) (Management of Diabetes)

Insufficient Oversight of Healthcare Provider Credential Files

According to BOP policy, each Health Services Unit should verify the professional credentials of all institution healthcare providers.¹⁶ Providers include BOP employees, Public Health Service employees, part-time employees, contract and consultant employees, and those who provide a diagnosis or treatment using telehealth. BOP policy also requires those who are working under a practice agreement (or a collaborative practice agreement for pharmacists) to have at least one routine peer review every 2 years, which may be conducted by a peer reviewer at a BOP institution.¹⁷ (See the text box below for definitions of these terms.)

¹⁵ [Appendix 3](#) (Management of Diabetes).

¹⁶ [Appendix 3](#) (Credential Verification and Peer Review).

¹⁷ [Appendix 3](#) (Credential Verification and Peer Review).

We reviewed 23 credential files (17 percent) of the 138 employees at FMC Devens required to have credentials, which included physicians, nurses, advance practice providers, a pharmacist, a physical therapist, and a psychiatrist.¹⁸ We found that FMC Devens failed to verify a credential file for the psychiatrist and to conduct a peer review of the pharmacist providing inmate care through a collaborative practice agreement. The credential file reviewer at FMC Devens told us that they were unaware that the psychiatrist was providing telepsychiatry services to FMC Devens inmates.

Therefore, the credential file reviewer had not verified the psychiatrist's credential file prior to the psychiatrist providing telepsychiatry services. We have concerns with FMC Devens's credential file accountability and verification given that the credential file reviewer was unaware of who was practicing telehealth and whether their credentials were valid. We believe that, without verifying a provider's license, knowledge, or skills, FMC Devens is unable to ensure the quality and efficiency of care delivered to inmates.

Similarly, the BOP requires routine peer reviews to ensure that healthcare providers have the appropriate knowledge and skills to offer healthcare to inmates. We believe that the failure to conduct peer reviews in accordance with BOP policy could compromise the quality of healthcare delivered to inmates at FMC Devens and could also increase safety and liability risks for the BOP.

To ensure that the professional credentials of all FMC Devens healthcare providers meet BOP requirements, we recommend that the BOP:

8. Ensure that FMC Devens verifies the credential files of all providers prior to allowing them to administer care to inmates, and ensure that FMC Devens completes peer reviews in accordance with BOP policy.

Inappropriate Inmate Placement in the Memory Disorder Unit

We reviewed the medical records of all 16 inmate patients in the MDU at the time of our inspection and determined that 25 percent (4 of 16) of those inmates were not appropriately housed in the MDU based on the criteria established by FMC Devens. The criteria state that inmates admitted to the MDU must have been diagnosed with dementia and not be prone to violence. We identified one inmate without a dementia diagnosis, one inmate who both lacked a dementia diagnosis and was prone to violence, and two inmates who

Peer Review, Practice Agreements, and Collaborative Practice Agreements

Peer review is the routine function used to review the current knowledge and skills of BOP healthcare providers. A peer review includes evaluating the professional care the provider gives and providing comment on areas such as clinical performance, appropriate utilization of resources, clinical judgment, and technical skills.

Practice agreements detail specific clinical or dental duties for employees who work under a licensed independent practitioner within BOP institutions.

A **collaborative practice agreement** describes a specific plan or arrangement or a specific sequence of orders, steps, or procedures to be followed in providing patient care services.

Source: [Appendix 3](#) (Credential Verification and Peer Review)

¹⁸ As of August 2024, FMC Devens maintained eight credential files for employees who were working there as a temporary duty location. We did not include those eight files in our review.

had a dementia diagnosis but were prone to violence. Specifically, one inmate had a diagnosis of Huntington's disease, which may result in dementia; but at the time of the inspection he did not have a dementia diagnosis.¹⁹ The second inmate had a non-dementia neurocognitive diagnosis and was also prone to violence. He had been approved for transfer to another institution in February 2024 due to violent behavior but remained at FMC Devens at the time of our inspection. Additionally, two inmates in the MDU had a dementia diagnosis but were prone to violence. FMC Devens employees expressed concern with the appropriateness of inmates receiving care in the unit. Those employees told us that, at times, FMC Devens uses the MDU as a housing unit for inmates who have behavioral issues and cannot be housed elsewhere in the institution, further stating that some of those inmates are incredibly violent and aggressive toward other inmates and MDU employees.

Housing inmates without a dementia diagnosis in the MDU results in the misuse of the bed space in this unit and limits the BOP's ability to house inmates with dementia at FMC Devens (the only MDU within the BOP). As described in the [Health Services Staffing Shortages](#) section of this report, due to the shortage of healthcare staff, FMC Devens requested a pause in inmate admissions to the MDU, which BOP Central Office approved in April 2024. Additionally, housing violent inmates in the MDU poses a safety risk to other MDU inmates and employees, potentially exacerbates staffing issues, and can create liability issues for the BOP.

To ensure that the BOP's only MDU houses only those inmates who meet FMC Devens's criteria, we recommend that the BOP:

9. Ensure that inmates admitted to and housed in the Memory Disorder Unit are appropriately placed in accordance with FMC Devens's established criteria.

Potentially Dangerous Medical Inmate Companion Program Practices

FMC Devens operates a medical inmate companion program to assist and support inmates who are unable to independently perform one or more activities of daily living, such as brushing teeth, combing hair, or putting on shoes. Inmate companions also assist with escorting inmates to medical appointments and pill lines and encourage compliance with medical treatment. The BOP prohibits medical inmate companions from assisting with toileting, bathing, and changing undergarments and incontinence products; viewing or touching genitalia; and performing certain medical activities such as taking vital signs and administering medications. To become a medical inmate companion, inmates must apply, and, if hired, are trained by institution employees. According to BOP eligibility criteria, medical inmate companions must not have had a significant incident report in the prior 12 months; a history of perpetrating sexual abuse, predatory behaviors, and violent crimes; medical restrictions; or physical limitations that could impede their ability to complete inmate companion tasks. At the time of our inspection, FMC Devens had 22 medical inmate companions working in the medical housing units.

We found that some medical inmate companions at FMC Devens did not meet the BOP's eligibility criteria and some were performing prohibited duties. Of the 22 medical inmate companions at FMC Devens, we found that 14 percent (3 of 22) had committed a sexual offense, 36 percent (8 of 22) had committed a violent offense,

¹⁹ Huntington's disease is an inherited disorder that causes nerve cells in parts of the brain to gradually break down and die. National Institute of Neurological Disorders and Stroke, "[Huntington's Disease](https://www.ninds.nih.gov/health-information/disorders/huntingtons-disease#:~:text=What%20is%20Huntington's%20disease%3F,as%20well%20as%20other%20areas)," www.ninds.nih.gov/health-information/disorders/huntingtons-disease#:~:text=What%20is%20Huntington's%20disease%3F,as%20well%20as%20other%20areas (accessed July 19, 2024).

and 27 percent (6 of 22) were Medical Care Level 4 inmates with medical restrictions. These companions should have been prohibited from becoming a medical inmate companion based on the BOP's eligibility criteria. When we asked Health Services Department employees what duties medical inmate companions were performing at FMC Devens, they said that some medical inmate companions were performing duties outside the roles and responsibilities of an inmate companion due to the Health Services Department staffing crisis and nurse shortages. These duties included assisting with showers and cleaning genitalia because they were told by Health Services Department employees that they needed to perform those duties due to nursing vacancies. We are concerned that FMC Devens is not following the BOP's medical inmate companion program criteria, which we believe may place inmates requiring companion assistance at an increased risk for violence, abuse, victimization, or improper medical care; may put employees at increased safety and liability risks; and may have medical inmate companions performing duties that they are not qualified to perform or being placed in situations that could expose them to allegations of abuse and misconduct.

To ensure that medical inmate companions are appropriately selected for their roles and not engaging in prohibited duties, we recommend that the BOP:

10. Ensure that FMC Devens adheres to BOP policy on medical inmate companion screening and hiring and that FMC Devens employees screening and hiring these companions are trained on the policies and procedures.
11. Ensure that FMC Devens evaluates the roles and responsibilities of medical inmate companions to ensure that they are not performing duties outside the scope of the inmate companion program.

Safety and Security

In addition to our concerns about staff availability and the effect that low staffing can have on the safety of institution operations, as described in the [Staffing Challenges](#) section of this report, we identified two other safety and security issues at FMC Devens during our inspection. First, we found that Correctional Officers failed to complete about half of the required inmate-monitoring rounds in the housing units that hold inmates at the highest medical and mental health care levels. Second, we found multiple deficiencies in the institution's radio system, including "dead zone" areas that lack adequate radio reception, as well as outdated radios. We describe both of these safety and security issues in greater detail below.

Failure to Complete Rounds

FMC Devens Correctional Officers are required to adhere to housing unit-monitoring instructions, also known as post orders, which state that Correctional Officers must complete irregularly timed rounds within each 30-minute block of time while working a post in a housing unit. However, after reviewing 280 hours of overnight security camera footage, we found that collectively only half of the required rounds (53 percent) were completed in the MDU, hospital unit, and transitional mental health step-down unit, leaving vulnerable inmates unobserved for multiple hours each night. This is a significant concern because inmates housed in these units pose an increased risk not only for self-harm and suicide, but also for medical-related emergencies such as seizures and falls. Given that rounds are essential checks to verify inmate well-being, a manager in FMC Devens's Correctional Services Department expressed frustration at the lack of rounds completed by Correctional Officers we observed during the portion of the video footage we reviewed while

on site. Our observations of incomplete inmate-monitoring rounds are consistent with findings in prior work, including two of our previous inspections (see the text box below).

Relevant Prior OIG Work and Related Recommendations: Inmate-Monitoring Rounds

The OIG's June 2023 report on its investigation and review of the BOP's custody, care, and supervision of Jeffrey Epstein at Metropolitan Correctional Center New York found many inmate-accountability deficiencies. For example, the OIG's investigation determined that staff failed to conduct mandatory rounds and inmate counts, resulting in Epstein being unobserved for hours before his death. As such, the OIG recommended that the BOP evaluate its methods of accounting for inmate whereabouts and well-being and make changes, as appropriate, to improve those methods through policy, training, or other measures. As of the publication of this report on FMC Devens, this recommendation remains open.

Our February 2024 report that evaluated issues surrounding BOP inmate homicide, suicide, accidental, and unknown deaths found that BOP staff did not sufficiently conduct required rounds or counts of inmates, which are important opportunities to monitor inmate well-being, in over a third of the inmate suicides during the scope of the evaluation. Such deficiencies helped foster conditions in which inmates were able to advance their suicidal ideations and created increased opportunities for them to die by suicide. The number of inmate suicides increased each year from fiscal year (FY) 2019 to FY 2021, the most recent years in the evaluation scope, and FY 2021 had the highest number (31) of suicides in a single year during the scope. While this report did not make any recommendations regarding inmate-monitoring rounds, it did encourage the BOP to take swift action to address our 2023 Epstein report recommendations to evaluate inmate-accountability methods.

Our inspections of FCI Tallahassee and FCI Sheridan found that Correctional Officers did not always conduct inmate-monitoring rounds in housing units. At FCI Tallahassee, during our on-site review of video footage, we found that a staff member failed to make required rounds during two consecutive overnight shifts in the male detention center, leaving inmates unobserved for multiple hours each night. Our finding was consistent with findings of the BOP Program Review Division's August 2022 Correctional Services program review, conducted by staff external to FCI Tallahassee, which found that staff were not always conducting rounds in the Special Housing Units consistent with BOP policy. At FCI Sheridan, we found that, during an evening just prior to our inspection, Correctional Officers conducted less than half of the required twice-hourly rounds in three housing units between 9:30 p.m. and 6 a.m. Further, we learned that on certain evenings the sole employee assigned to supervise the Camp at FCI Sheridan may need to respond to the medium-security prison or detention center in the event of an emergency. When this happens, Camp inmates are left unsupervised. Although we did not collect evidence to determine the exact number of times this has occurred, FCI Sheridan employees told us that it happens regularly.

See [Appendix 2](#), Items II, III, VI, and VIII, for more information about these reports.

Ongoing Camera Upgrades and Persistent Radio Deficiencies

The OIG has repeatedly identified deficiencies in the BOP's security camera system that affect institutional safety and security across the BOP. Our previous findings related to security camera deficiencies (see [Appendix 2](#), Items IX and X) contributed to the Prison Camera Reform Act of 2021, which required the BOP to address these deficiencies and make necessary upgrades to security camera systems BOP-wide. Additionally, as described in the text box below, the Prison Camera Reform Act required the BOP to address radio system deficiencies at all BOP institutions. At the time of our inspection, fiberoptic cable was being installed at FMC Devens to upgrade analog security cameras to digital and 100 additional security cameras were being installed to cover blind spots.

However, we are concerned that radio system deficiencies were not being addressed at FMC Devens. At the time of our inspection, we found the following deficiencies with FMC Devens's radio system:

- Employee radios did not receive radio signals in some parts of the institution, namely the hospital and areas below ground. The lack of radio reception in the hospital areas could impede the medical team's ability to respond to a medical emergency and call for additional assistance, if needed, and could inhibit the response of Correctional Officers during nonmedical emergencies, jeopardizing the safety of employees and inmates.
- Employee radios were beyond their serviceable dates, rendering many radios unrepairable. Institution management told us that the battery life of the radios has degraded to the point that radios lack sufficient battery life to last the length of an employee's shift. The outdated radios also lack a "man down" function, as described in the text box.

Prison Camera Reform Act of 2021: Radio System Upgrades

The Prison Camera Reform Act of 2021 required the BOP Director to address deficiencies and make necessary upgrades to radio systems to ensure the health and safety of employees and inmates. Specifically, the Act required the BOP to identify and plan how to address radios that lack an emergency notification feature, known as a "man down" function, which automatically sends an alert and transmits the location of that radio in the event the wearer is in a prone position. Additionally, the Prison Camera Reform Act required the BOP Director to ensure that BOP facilities have security camera coverage and capabilities necessary to ensure the documentation and accessibility of video evidence pertaining to misconduct, maltreatment, or criminal activity within correctional facilities.

Source: Prison Camera Reform Act of 2021

FMC Devens employees repeatedly expressed concern and frustration with the radios, informing us that these deficiencies are a life safety risk. After receiving a draft of this report, the BOP told us that repairs were made to FMC Devens's radio signal system to improve radio reception in the hospital building. We did not return to FMC Devens to assess the updates to the system.

Inmate Programming

As required by the FIRST STEP Act of 2018 (FSA), BOP institutions conduct a needs assessment on all sentenced inmates entering their custody to identify specific Evidence-Based Recidivism Reduction programs and Productive Activities that will best prepare the inmates for their reentry into society.²⁰ We found that FMC Devens offered various psychology-based and educational programs to its inmates. However, employee shortages in the Psychology Services and Education Departments, as well as the augmentation of non-custody employees into Correctional Officer posts, created significant backlogs for these programs. As a cumulative result of these issues, waitlists for many inmate programs exceeded 100 names, only 1 skills-based vocational program was offered, and the FSA-funded LifeSkills Laboratory program was completely unused.

On average, FSA programs offered by the Psychology Services Department had the longest waitlists across the institution, with the waitlist for the Anger Management course holding 237 inmates (25 percent of FMC Devens's inmate population) at the time of our inspection. Psychology Services Department employees attributed the long waitlists to staffing challenges and the lack of available psychologists to facilitate programs at FMC Devens (as described in the [Psychology Services Staffing Shortages](#) section of this report).

²⁰ 18 U.S.C. § 3632(a).

Due to staffing challenges, the Psychology Services Department also had to prioritize programming for inmates with higher mental health care levels, leaving inmates with lower mental health care levels with a lack of programming and resources.

Similarly, insufficient staffing levels in the Education Department limited FMC Devens from offering General Education Diploma courses, the Commercial Driver's License program at the Camp, and the Certified Nursing Assistant program at the FMC. As a result, the equipment and materials for these courses sat unused.

We also found that FMC Devens has only one vocational program offered for the entire institution; this was its Culinary Arts Program, which included a Barista Program. Moreover, this program had space for only 10 inmates to participate and had 70 inmates on a waitlist. The Culinary Arts Program is designed to train inmates to be better equipped to obtain jobs in the food services industry upon release from prison, and the food and beverages prepared by inmates are made available to FMC Devens employees for purchase. See the photographs below for examples of the Culinary Arts Program.



Left, Culinary Arts Program Weekly Menu Board, Right, Culinary Arts Program Barista Program Bar

Source: OIG, April 2024 (Left Image Employee Faces Blurred and Right Image Product Names and Logos Blurred)



Left, Culinary Arts Program "Surf and Turf" Lunch, Right, Culinary Arts Program Dessert

Source: OIG, April 2024

LifeSkills Laboratory

The LifeSkills Laboratory is a BOP-wide initiative started in 2020 to help inmates with serious mental illnesses be better prepared upon release from prison to practice routine daily life skills, including health and hygiene, budgeting and shopping, manners and self-advocacy, cleaning and clothing care, and cooking. A BOP institution's LifeSkills Laboratory space includes a model store with a banking area, laundry room, and kitchen; see the photographs below for the space at FMC Devens.



Left, LifeSkills Laboratory Kitchen, Right, LifeSkills Laboratory Laundry Room

Source: OIG, April 2024 (Left and Right Image Product Names Blurred)



Left and Right, LifeSkills Laboratory Store

Source: OIG, April 2024 (Left and Right Image Product Names Blurred)

In FY 2021 FMC Devens received \$150,000 of FSA funds as one of three BOP institutions selected to pilot the initial implementation of the FSA LifeSkills Laboratory program. With those funds, the institution renovated available Psychology Services Department space to create a brand new LifeSkills Laboratory, which was completed in FY 2023. However, as of FY 2025, FMC Devens had yet to enroll inmates in this program because it had not been allotted a Specialty Treatment Program Specialist position to oversee the program

until FY 2024 and had not filled the vacant position as of the beginning of FY 2025. We are concerned that, 3 years after FMC Devens received funding to be a pilot site, the LifeSkills Laboratory there is not operational and inmates are not benefiting from this program. As of June 25, 2024, 10 BOP institutions, including FMC Devens, had been approved and had received FSA funding for a LifeSkills Laboratory. However, only one institution, U.S. Penitentiary Allenwood, had been fully activated. Given the importance of FSA programming, in November 2024 [we initiated a broader evaluation](#) of the BOP's implementation and operation of FSA programming.

Physical Conditions and Infrastructure

As we have observed at other BOP institutions, we found that FMC Devens has several unfunded major infrastructure and equipment repair projects that present safety and security issues. As of February 2024, FMC Devens management estimated that the total cost to complete those projects was \$15 million. We are concerned that, if these repairs are not made soon, equipment will fail, which would not only negatively affect the conditions of confinement for inmates but would also cause repair and replacement costs to exceed current estimates. This issue is not unique to FMC Devens. The BOP found that weakened roofs across its institutions contributed to damaged security systems due to water intrusion.²¹ The BOP estimated in January 2024 that it had a \$3 billion backlog of infrastructure maintenance and repairs across all of its institutions.

FMC Devens Facilities Department employees told us that many of the institution's systems are approaching the end of their projected lifespan and need to be updated and that roofs need repair. The costliest proposed repair project at FMC Devens, estimated at \$8 million, is to replace the FMC's heating and cooling systems. Additionally, repairs to the FMC's roofs are estimated at \$4 million. FMC Devens requested funds to address these issues through its Regional Office; however, due to the BOP's limited budgetary resources for infrastructure repair and replacement, the request was unfunded at the time of our inspection.

During our inspection, we saw evidence of significant water intrusion caused by compromised roofs throughout the FMC, including multiple housing units, employee offices, the chapel, the optometry examination room, and the dialysis unit. In one instance, an employee moved an inmate to a different cell due to water intrusion. Another employee expressed concern that water intrusion in the FMC's optometry examination room would damage expensive equipment and was also a slip hazard. See the photographs below for evidence of water damage throughout the institution.

²¹ This data is included in a document submitted by DOJ to the U.S. Senate Committee on the Judiciary on November 7, 2024, titled "A Funding Proposal to Address Critical Safety Needs Across the Federal Prison System."



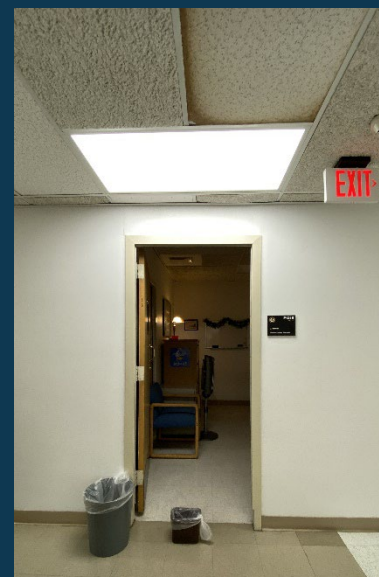
Left, Water Damage to the Ceiling in the Medical Office Area; *Middle*, Equipment in the Optometry Examination Room Covered to Prevent Damage from Water Intrusion; *Right*, Buckets Used to Catch Water and Covers over the Optometry Equipment to Prevent Water Damage

Source: OIG, April 2024 (Middle Image Darkened to Highlight Its Subject and Right Image Product Names and Logos Blurred)



Left, Ceiling Tiles Missing above a Bed; *Middle*, Water Damage to a Housing Unit's Ceiling; *Right*, Buckets in Front of Cells below a Water-damaged Ceiling

Source: OIG, April 2024 (Right Image Faces Blurred)

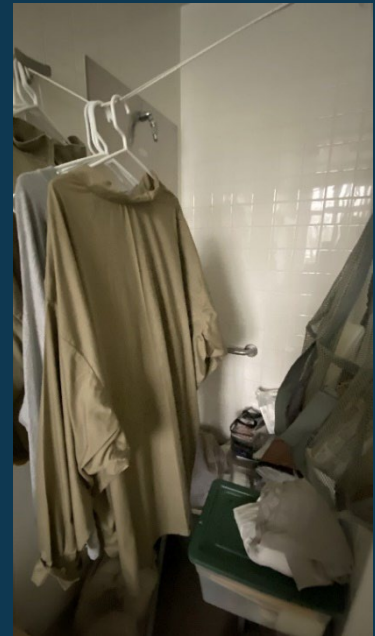
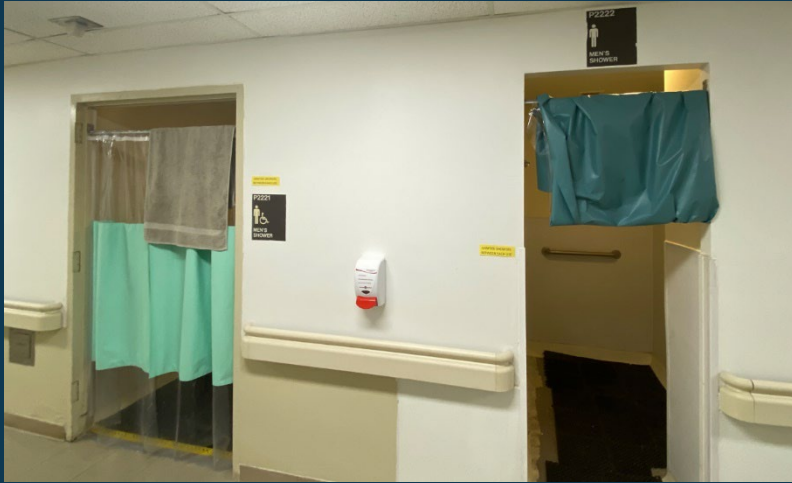


Left, Water Damage to the Ceiling in the Chapel; *Middle*, Ceiling in an Employee's Office Showing Signs of Water Intrusion above the Computer and Desk Chair; *Right*, Trash Can Used to Catch Water Leaking from the Ceiling near an Employee's Office

Source: OIG, April 2024 (Middle Image Darkened to Highlight Its Subject and Product Names and Logos Blurred)

Although not identified by the BOP as in need of significant repair or replacement, we found three additional areas of concern: inoperable showers in medical housing units, shower floor mats in the medical housing units that were misaligned and could cause falls, and missing mortar in the Special Housing Unit's (SHU) recreation walls. Specifically, we found that some of the inmate shower stalls inside the medical housing units were not working, which required inmates in those areas to use shared shower stalls in the hallways rather than in their own cells. The shared shower stalls were limited to four stalls in each housing unit, and only one shower stall in each housing unit was designated as handicap accessible. As this is an area that houses Medical Care Level 3 and 4 inmates, the lack of handicap-accessible showers and the inability of inmates to use their own, individual stalls could make it more difficult to shower for those with disabilities and for those who have medical equipment they need to use or clean in the shower.

We also found, as shown in the photograph below, that the nonslip shower mats in the communal shower stalls in one medical housing unit did not fully cover the shower floors and were misaligned. Inmates in this housing unit were concerned that the shower mats presented a slipping risk to inmates with disabilities. When we discussed this concern with FMC Devens management, they said that they would address the issue. After the on-site portion of our inspection, FMC Devens reported that it had repainted the majority of the shower stall flooring in the medical housing units with abrasive flooring paint, as shown in the photograph below, and repositioned mats under shower chairs in the shower stalls.



Left, Two of the Shared Shower Stalls in a Medical Housing Unit's Hallway, *Right*, an Inoperable Shower Stall in an Inmate's Cell That the Inmate Was Using for Storage, Located in a Medical Housing Unit

Source: OIG, April 2024



Left, Medical Housing Unit's Shower Stall with Misaligned Mats That Were a Tripping Hazard, *Right*, Housing Unit's Shower Stall Sprayed With an Abrasive Flooring Paint After the On-site Portion of Our Inspection

Sources: *Left*, OIG, April 2024, *Right*, FMC Devens Employee, July 2024

We also found multiple areas of missing mortar between bricks in the SHU recreation yard, which serves as a barrier between the SHU's separate outdoor recreation area and a sidewalk used by inmates in the general population (see the photographs below). We believe that there are safety and security risks associated with the missing mortar due to the dual accessibility. For example, inmates could pass messages and contraband through the holes. We are also concerned that inmates could further damage the mortar by chipping away at the damaged locations to enlarge the access points.



Left, a Hole in the Mortar of the SHU's Recreation Yard Wall, Right, Signs of Degraded Mortar on the SHU's Recreation Yard Wall

Source: OIG, April 2024

Relevant Prior OIG Work and Related Recommendations: Infrastructure

In May 2023, the OIG reported that BOP institutions had a large and growing list of unfunded modernization and repair needs and that the BOP was unable to address these needs because it lacked a strategy to do so. Further, we found that the BOP had historically failed to request funding to address its infrastructure needs.

To address this issue, the OIG recommended that the BOP develop an infrastructure strategy to increase the overall effectiveness of facilities management and to develop and implement key performance indicators to track whether the BOP is meeting its infrastructure goals. As of the publication of this report on FMC Devens, these recommendations remain open.

See [Appendix 2](#), Item XV, for more information about this report.

Conclusion and Recommendations

Conclusion

Our unannounced inspection at FMC Devens identified several serious issues related to staffing, inmate healthcare quality, failure to complete rounds, infrastructure, inmate programming, and radio system deficiencies. Most significantly, substantial shortages of Correctional Officers and healthcare employees—which is an issue at many BOP institutions but raises particularly serious concerns at a medical institution—have created widespread and troubling operational challenges at FMC Devens that substantially affect the health, welfare, and safety of employees and inmates.

Particularly concerning, we found that FMC Devens's Correctional Services Department had only 161 of 201 authorized positions filled (80 percent) and the Health Services Department had only 113 of 149 positions filled (about 76 percent) at the time of our inspection. Also concerning, during the on-site portion of our inspection and shortly thereafter, the medical institution had 1 physician and the Clinical Director (who is also a physician) to manage the care of the entire inmate population (approximately 941 inmates): 2 of the institution's 6 physicians were on extended leave without pay and 3 other physician positions were vacant. The Clinical Director, who leads the provision of preventive health services and provides standing orders for nurses, retired in June 2024; the position remained vacant as of October 5, leaving the FMC without this critical medical role filled and only one physician at the institution to provide daily patient care. Other vacancies within the Health Services Department included approximately half of the institution's pharmacy positions, approximately a quarter of its nursing positions, and its Chief Dental Officer and Deputy Chief Psychologist positions. Only 20 of 33 positions (61 percent) in the Psychology Services Department were filled. We are concerned that the staffing crisis at FMC Devens has cascading effects on its ability to care for its inmates and limits the quality and quantity of medical services it can provide, including for inmates who were transferred there expressly for its specific medical programs.

We also identified concerns related to the quality of healthcare provided to inmates, including potentially dangerous medication distribution practices, lack of preventive healthcare screening, inappropriate placement of inmates in the Memory Disorder Unit (MDU), insufficient oversight of healthcare provider credential files, and inconsistent processes for requesting and accessing care. Specifically, we observed BOP employees providing buprenorphine and naloxone to inmates at the Camp during the routine morning medication administration, along with other inmates receiving daily medications, rather than in separate pill lines. The employees also did not directly supervise inmates who received buprenorphine and naloxone for the duration of the medication administration and consumption and did not conduct mouth checks before or after administration to ensure that diversion did not occur, which presents a diversion risk. We also found that 57 outside medical appointments that had been ordered for inmates were an average of 53 days overdue from being scheduled at the time of our inspection due to outside medical providers canceling appointments and a lack of employees at FMC Devens to escort inmates to scheduled appointments while maintaining coverage of necessary posts at the institution.

We were also concerned to find that FMC Devens lacked oversight of its contracted company that manages outside medical records, which caused the delayed receipt of outside medical care records following an inmate's visit to an outside physician and resulted in a significant discrepancy between the number of pending outside medical records that the contracted company indicated it needed to send to FMC Devens

and the number of outside medical records that FMC Devens was waiting to receive. After an outside medical visit or hospital stay is complete, the company is responsible for securing the inmate's medical records and, pursuant to the contract, submitting the records to FMC Devens within 10 business days of the medical appointment or hospital discharge. We believe that the lack of oversight of outside medical records could lead to fragmented inmate care and a lack of prompt follow-up care by the institution that could exacerbate conditions that inmates were sent to outside providers to address.

Subsequently, we found inconsistencies regarding both inmates' access to medical care and routine screening of inmates over age 50 for preventive healthcare and cognitive impairment. There appeared to be inconsistency in how FMC Devens nursing employees determined what constituted a need for sick call and how that need was tracked. The inconsistency in practice and procedure may limit an inmate's ability to be seen and receive medication in a timely manner, which could negatively affect their overall health. Additionally, we reviewed the medical records of 21 inmates over age 50 to determine whether they were receiving preventive healthcare screenings and found that only 48 percent (10 of 21) of the inmates had received a preventive health screening and none of the 21 inmates over age 50 had received a cognitive impairment screening as part of their preventive healthcare during the previous year. We also determined that not all inmates with a diabetes diagnosis were tested within required BOP guidelines and not all healthcare provider credential files were verified as directed by BOP policy. Further, we found that a quarter of the inmates were not appropriately housed in the MDU, the BOP's only unit designed specifically for inmates with dementia. Finally, the OIG found that some inmates serving as medical companions were not eligible to participate in the program and some performed duties that were both outside the scope of the program and prohibited by the BOP. The combination of these concerns carries multiple risks for the institution's ability to provide adequate, continuous, and follow-up care to inmates.

Further, we identified two issues concerning the institution's safety and security. First, Correctional Officers failed to complete about half of the required inmate-monitoring rounds in the housing units that hold vulnerable inmates at the highest medical and mental health care levels (the MDU, hospital unit, and transitional mental health step-down unit). This is notable because inmates housed in these units pose an increased risk for medical-related emergencies, self-harm, and suicide. Second, we found multiple deficiencies in the institution's radio system, including "dead zones" where employee radios do not receive radio signals, namely the hospital areas, and we discovered that some radios were beyond their serviceable dates, rendering them outdated. Nonworking radios impede employees' response to medical and nonmedical emergencies, thus jeopardizing inmates' and employees' safety.

We also noted concerning findings pertaining to the lack of sufficient inmate programming. Namely, because of staffing shortages, many psychology and education-based programs offered to inmates have large waitlists, with over 100 inmates, and only 1 skills-based vocational program was offered to inmates at the time of our inspection. Moreover, the one vocational training program had only 10 slots available and a waitlist of 70 inmates. Additionally, the institution's LifeSkills Laboratory, a space designed for inmates with serious mental illnesses to practice routine skills—which received \$150,000 in FIRST STEP Act funds—had yet to be used for programming since its construction 3 years prior to our inspection.

Lastly, FMC Devens had serious infrastructure issues, with many unfunded repair projects, including roof repairs and replacement of cooling and heating systems, which it estimated would cost \$15 million. The OIG noted the effects of water intrusion throughout the institution, including within housing units, employee

offices, and rooms with optometry and dialysis equipment. If the repairs are not made soon, equipment and infrastructure failure could exacerbate repair costs and negatively affect inmates' conditions of confinement.

Recommendations

To ensure effective operations at FMC Devens and safe conditions of confinement for the inmates housed there, we recommend that the BOP:

1. Ensure that FMC Devens Executive Leadership and the Central Office's Human Resource Management Division discuss the staffing projection tool methodology and how it compares with FMC Devens Executive Leadership's understanding of its current and potential future mission needs to ensure greater alignment between stakeholder staffing projections.
2. Ensure that FMC Devens follows BOP guidance for buprenorphine and naloxone administration and observation and that all FMC Devens employees who administer medication receive training on BOP guidance and policies for medication administration.
3. Implement a plan to address the medical record backlog at FMC Devens.
4. Ensure that FMC Devens develops a consistent and accurate medical record tracking procedure with the contracted company that includes regular and recurring reconciliation of outside inmate medical records between FMC Devens and the contracted company.
5. Ensure that FMC Devens follows the BOP Patient Care Policy for sick call and provides training to all FMC Devens Health Services Department employees on the policy, as well as on FMC Devens sick call procedures.
6. Ensure that FMC Devens follows the BOP's Clinical Practice Guidelines for Preventive Healthcare Screening to establish a local preventive healthcare program and utilize all members of the healthcare team in preventive healthcare.
7. Ensure that all FMC Devens inmates over age 50 are receiving preventive healthcare screenings, including cognitive impairment screening.
8. Ensure that FMC Devens verifies the credential files of all providers prior to allowing them to administer care to inmates, and ensure that FMC Devens completes peer reviews in accordance with BOP policy.
9. Ensure that inmates admitted to and housed in the Memory Disorder Unit are appropriately placed in accordance with FMC Devens's established criteria.
10. Ensure that FMC Devens adheres to BOP policy on medical inmate companion screening and hiring and that FMC Devens employees screening and hiring these companions are trained on the policies and procedures.

11. Ensure that FMC Devens evaluates the roles and responsibilities of medical inmate companions to ensure that they are not performing duties outside the scope of the inmate companion program.

Appendix 1: Purpose, Scope, and Methodology

Standards

The DOJ OIG conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's Quality Standards for Inspection and Evaluation (December 2020).

Purpose and Scope

The OIG has determined that it can enhance the effectiveness of its oversight, as well as its ability to alert the BOP of concerns, by conducting short-notice and unannounced inspections of BOP facilities, as appropriate. Pursuant to the OIG's planned procedures for initiating an inspection, which we had previously shared with the BOP, the OIG notified FMC Devens at approximately 8 a.m. on April 22, 2024, that it would be initiating an inspection beginning at noon that day. The OIG team, which consisted of 10 OIG employees and 3 medical subject matter experts contracted by the OIG, conducted the on-site inspection Monday, April 22, through Friday, April 26, 2024. The focus of our inspection was the state of institution operations at the time of our inspection; although, for certain portions of our analysis, our scope included roughly the year that preceded our inspection, beginning around April 2023.

We selected FMC Devens as the site of our fifth inspection to better understand and assess the conditions of confinement for male inmates at a Federal Medical Center. The scope of this inspection did not include specialized testing to definitively determine, for example, the potential presence of mold or other hazardous substances.

Inspection Methodology

To better understand FMC Devens's operations, we toured the institution, interviewed inmates and employees, and reviewed its operational records.

Observations

We toured the interior and exterior of the administrative-security institution and its adjacent minimum-security prison camp, including general population inmate housing units; Psychology Services Department housing units; Health Services Department housing units; the Special Housing Units; Health Services Department spaces; front lobby employee entrances and screening areas; programming areas used by the Psychology, Education, and Recreation Departments; the mail room; the commissary; laundry areas; the evidence storage area; the visitation room; inmate intake and screening areas; Facilities Department areas; food storage warehouses; and food preparation and dining areas.

We also reviewed security camera footage, as well as the functionality of the security camera system. Further, we tested ambient temperatures throughout the institution, as well as the functionality of showers, sinks, and toilets in inmate housing areas.

Interviews

We conducted on-site interviews with FMC Devens inmates who were housed in the general population and medical and mental health care units, as well as on-site interviews with institution employees. Employees we interviewed included the Warden; Associate Wardens, one of whom serves as the institution's Prison Rape Elimination Act Coordinator; supervisory and nonsupervisory Correctional Officers; healthcare providers, managers, and employees; case managers; psychologists; food service employees; and employees responsible for institution safety, facilities management, human resources, and the trust fund program. Following our on-site work at FMC Devens, we conducted virtual follow-up interviews with select FMC Devens employees and select employees at the BOP's Central Office, as well as with the institution's contracted comprehensive medical services company.

General Document Review and Analysis

We reviewed FMC Devens records related to facilities management, staffing levels, use of overtime and augmentation, use of restrictive housing, provision of inmate healthcare, inmate mental healthcare, food service, inmate discipline, employee misconduct, sexual abuse reporting and tracking, inmate programming, and FIRST STEP Act implementation.

Healthcare-related Review and Analysis

We reviewed FMC Devens's operational documentation related to the provision, access, and quality of inmate medical and mental healthcare services provided. Specifically, our review included the implementation of the BOP's Clinical Practice Guidelines in areas of preventive healthcare screening, cognitive impairment screening, tuberculosis screening, medication administration, and management of diabetes; procedures for inmate placement in medical and mental healthcare housing units; management of inmate medical records and requests for care; scheduling of specialty appointments for medical services offered on site and in the community; and healthcare staff credentials, including licensure requirements, privileges, and practice agreements. Additionally, we conducted several case studies on inmate mortalities and continuity of care concerns.

External Subject Matter Experts Assisting the OIG

To assist the OIG in its efforts to assess the provision of healthcare to FMC Devens inmates, the OIG contracted the services of three healthcare subject matter experts: one physician and two registered nurses.

Appendix 2: DOJ OIG and Other Oversight Agency Related Work

- I. For the FCI Waseca **inspection report**, see DOJ OIG, [*Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Waseca*](#), Evaluation and Inspections (E&I) Report 23-068 (May 2023), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-correctional-institution-waseca.
- II. For the FCI Tallahassee **inspection report**, see DOJ OIG, [*Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Tallahassee*](#), E&I Report 24-005 (November 2023), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-correctional-institution-tallahassee.
- III. For the FCI Sheridan **inspection report**, see DOJ OIG, [*Inspection of Federal Bureau of Prisons' Federal Correctional Institution Sheridan*](#), E&I Report 24-070 (May 2024), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-correctional-institution-sheridan.
- IV. For the FCI Lewisburg **inspection report**, see DOJ OIG, [*Inspection of Federal Bureau of Prisons' Federal Correctional Institution Lewisburg*](#), E&I Report 24-113 (September 2024), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-correctional-institution-lewisburg.
- V. For prior Government Accountability Office (GAO) reporting on **BOP staffing levels**, see GAO, [*Bureau of Prisons: Opportunities Exist to Better Analyze Staffing Data and Improve Employee Wellness Programs*](#), GAO Report 21-123 (February 2021), gao.gov/products/gao-21-123 (accessed November 6, 2024).
- VI. For prior OIG reporting on BOP inmate **deaths in custody**, see DOJ OIG, [*Evaluation of Issues Surrounding Inmate Deaths in Federal Bureau of Prisons Institutions*](#), E&I Report 24-041 (February 2024), oig.justice.gov/reports/evaluation-issues-surrounding-inmate-deaths-federal-bureau-prisons-institutions.
- VII. For prior OIG reporting on the BOP's use of **overtime**, see DOJ OIG, [*Management Advisory: Analysis of the Federal Bureau of Prisons' Fiscal Year 2019 Overtime Hours and Costs*](#), Audit Report 21-011 (December 2020), oig.justice.gov/reports/management-advisory-analysis-federal-bureau-prisons-fiscal-year-2019-overtime-hours-and.
- VIII. For additional prior OIG reporting on the BOP's **staffing challenges**, see DOJ OIG, [*Investigation and Review of the Federal Bureau of Prisons' Custody, Care, and Supervision of Jeffrey Epstein at the Metropolitan Correctional Center in New York, New York*](#), Investigations Report 23-085 (June 2023), oig.justice.gov/reports/investigation-and-review-federal-bureau-prisons-custody-care-and-supervision-jeffrey.
- IX. For prior OIG reporting on the insufficiency of the BOP's **security camera systems** and **contraband introduction** at BOP institutions, see DOJ OIG, [*Review of the Federal Bureau of Prisons' Contraband Interdiction Efforts*](#), E&I Report 16-05 (June 2016), oig.justice.gov/reports/review-federal-bureau-prisons-contraband-interdiction-efforts.

- X. For additional prior OIG reporting on the insufficiency of the BOP's **security camera systems**, see DOJ OIG, [*Management Advisory Memorandum: Notification of Needed Upgrades to the Federal Bureau of Prisons' Security Camera System*](#), E&I Report 22-001 (October 2021), oig.justice.gov/reports/management-advisory-memorandum-notification-needed-upgrades-federal-bureau-prisons-security.
- XI. For prior OIG reporting on the BOP's **medical staffing challenges**, see DOJ OIG, [*Review of the Federal Bureau of Prisons' Medical Staffing Challenges*](#), E&I Report 16-02 (March 2016), oig.justice.gov/reports/review-federal-bureau-prisons-medical-staffing-challenges.
- XII. For additional prior OIG reporting on the **BOP's medical staffing challenges**, see Pandemic Response Accountability Committee, [*Review of Personnel Shortages in Federal Health Care Programs During the COVID-19 Pandemic*](#) (September 2023), oversight.gov/sites/default/files/oig-reports/PRAC/healthcare-staffing-shortages-report.pdf (accessed November 6, 2024).
- XIII. For prior OIG reporting on the BOP's scheduling of **outside medical visits**, see DOJ OIG, [*Audit of the Federal Bureau of Prisons Comprehensive Medical Services Contracts Awarded to the University of Massachusetts Medical School*](#), Audit Report 22-052 (March 2022), oig.justice.gov/reports/audit-federal-bureau-prisons-comprehensive-medical-services-contracts-awarded-university.
- XIV. For prior OIG reporting on **BOP staffing levels**, see DOJ OIG, [*Limited-Scope Review of the Federal Bureau of Prisons' Strategies to Identify, Communicate, and Remedy Operational Issues*](#), E&I Report 23-065 (May 2023), oig.justice.gov/reports/limited-scope-review-federal-bureau-prisons-strategies-identify-communicate-and-remedy.
- XV. For prior OIG reporting on the **BOP's infrastructure management challenges**, see DOJ OIG, [*The Federal Bureau of Prisons' Efforts to Maintain and Construct Institutions*](#), Audit Report 23-064 (May 2023), oig.justice.gov/reports/federal-bureau-prisons-efforts-maintain-and-construct-institutions.
- XVI. For prior reporting on the BOP's **aging inmate population**, see DOJ OIG, [*Review of the Impact of an Aging Inmate Population on the Federal Bureau of Prisons*](#), E&I Report 15-05 (May 2015), oig.justice.gov/reports/review-impact-aging-inmate-population-federal-bureau-prisons.

Appendix 3: BOP Policies and Clinical Guidance Cited

Topic Discussed in Report	Relevant Program Statement	Link
Escorted Trips	5538.08 Escorted Trips April 8, 2024	www.bop.gov/policy/progstat/5538.08.pdf (accessed July 8, 2024)
Credential Verification and Peer Review	6027.02 Health Care Provider Credential Verification, Privileges, and Practice Agreement Program October 12, 2016	www.bop.gov/policy/progstat/6027_002.pdf (accessed May 8, 2024)
Pharmacy Services	6360.02 Pharmacy Services October 24, 2024	www.bop.gov/policy/progstat/6360_002.pdf (accessed May 22, 2024)
Preventive Health Care, Colorectal Cancer, and Cognitive Impairment Screening	Preventive Health Care Screening July 2022	www.bop.gov/resources/pdfs/preventive_health_care_cg_2022.pdf (accessed April 3, 2024)
Management of Diabetes	Management of Diabetes March 2017	www.bop.gov/resources/pdfs/201703_diabetes.pdf (accessed April 12, 2024)
Psychology Services	5310.17 Psychology Services Manual August 25, 2016	www.bop.gov/policy/progstat/5310_017.pdf (accessed July 8, 2024)
Secure Mental Health Units	5335.01 Secure Mental Health Units January 23, 2023	www.bop.gov/policy/progstat/5335.01.pdf (accessed May 7, 2024)
Special Housing Units	5270.12 Special Housing Units March 5, 2024	www.bop.gov/policy/progstat/5270.012.pdf (accessed March 7, 2024)
Sex Offender Programs	5324.10 Sex Offender Programs February 15, 2013	www.bop.gov/policy/progstat/5324_010.pdf (accessed July 25, 2024)
Patient Care	6031.05 Patient Care May 14, 2024	www.bop.gov/policy/progstat/6031.05.pdf (accessed July 30, 2024)

Certification and Civil Commitment of Sexually Dangerous Persons	5394.01 Certification and Civil Commitment of Sexually Dangerous Persons February 1, 2016	www.bop.gov/policy/progstat/5394.01.pdf (accessed September 30, 2024)
BOP Opioid Use Disorder Guidance	BOP Opioid Use Disorder Guidance January 1, 2024	Not applicable. The BOP does not make this policy publicly available.

Appendix 4: The BOP's Response to the Draft Report



U. S. Department of Justice
Federal Bureau of Prisons
Central Office

Office of the Director

Washington, DC 20534

December 6, 2024

MEMORANDUM FOR JAN HAMM, CHIEF INSPECTOR,
EVALUATIONS AND INSPECTIONS

FROM:


Colette S. Peters, Director

SUBJECT:

Response to the Office of Inspector General's (OIG) Draft Report:
Inspection of the Federal Bureau of Prisons' Federal Medical Center
Devens, Assignment Number A-2024-004

The Federal Bureau of Prisons (FBOP) appreciates the opportunity to formally respond to the Office of the Inspector General's (OIG) draft report: Inspection of the Federal Bureau of Prisons' Federal Medical Center Devens (the Report). Thank you for your thorough and thoughtful evaluation.

The FBOP appreciates the level of attention and detail that went into the Report. FBOP has taken Agency-wide action to address the staffing and infrastructure challenges identified in this report. In addition, the Federal Medical Center (FMC) Devens is actively addressing the recommendations from the Report.

Agency-wide Actions to Address Staffing and Infrastructure Challenges

This inspection report is one of several that have highlighted FBOP's staffing shortages and infrastructure challenges. The FBOP agrees that staffing shortages and crumbling infrastructure can create dangerous conditions in our institutions and compromise the health and security of FBOP employees and those in our care and custody. Addressing these challenges are among our top priorities. To that end, we are working closely with the Department to make the case for additional pay authorities and funding to ensure that we can fully effectuate our mission to safely house adults in custody (AICs) and prepare them for successful reentry into our communities.

Recently, the Department shared with Congress A funding proposal to address critical safety needs across the federal prison system ("Funding Proposal"). That document sets out a 5-year plan to address FBOP's staffing and modernization and repair (M&R) challenges. The key elements of that plan are:

- Funding to implement a Special Salary Rate (SSR). FBOP has been working closely with DOJ and the Office of Personnel Management (OPM) to obtain approval for a nationwide SSR for corrections officers and nurses. We anticipate a decision from OPM in early 2025. However, FBOP will be unable to implement an SSR without additional funding. The Funding Proposal seeks \$1,000,730,000 over the next five years to cover SSRs for the FBOP's current authorized levels of corrections officers and covered nurses.
- Additional funding and positions to increase CO and nurse staffing levels. The Funding Plan seeks an increase of 4,500 CO positions and 200 nurses along with \$1,570,000,000 to fund those positions. The increase in positions is based on projections from the newly launched Automated Staffing Tool.
- Additional funding of \$1,835,861,000 over five years to address critical M&R needs. The proposal is based on a Five-Year Capital Investment Plan (Capital Investment Plan) that FBOP developed in collaboration with the Justice Management Division (JMD) and the Office of Management and Budget (OMB).

As FBOP works to obtain additional pay authorities and resources, it continues to make progress on recruitment, retention, and M&R.

Recruitment and Retention

As of mid-September 2024, FBOP had a net increase of almost 900 employees since January 1, 2024. In Fiscal Year (FY) 2024, FBOP increased new hires by approximately 14 percent and decreased separations by 19 percent. Additionally, as of pay period 22, there are 25 FBOP institutions with CO staffing levels at or above 95%.

Our success has extended to FSA and medical positions. FSA onboard positions nearly doubled in FY 2024. FBOP hired 331 new FSA positions, increasing total onboard from 338 positions at the end of FY 2023 to 669 positions at the end of FY 2024. In addition, FBOP achieved a 5.88% year-over-year increase in registered nurse hires and a 28.96% decrease in nurse vacancies (October 2024 vs October 2023). There was also a year-over-year increase in eligible applicants for several medical positions, including physician assistant and clinical psychologist.

We attribute our increased staffing levels to several factors, including:

- **2024 hiring initiatives.** In February 2024, the Director issued a memorandum for Chief Executive Officers focused on: (1) a renewed commitment to external hiring to expand the applicant pool to the greatest extent possible; (2) authorizing wardens to over hire for custody, medical, psychology, and FSA positions when an institution had more qualified applicants than allocated positions; and, (3) establishment of regional team of employees, determined through an application process, to serve as a "travel response team" to support institutions with the highest vacancies within their regions.
- **Nationwide Direct Hire Authority (DHA) for COs:** Direct hire authority offers a streamlined approach to federal hiring. In May 2024, OPM approved nationwide DHA for correctional officers. Previously, FBOP had direct hire authority for COs at a few institutions. The nationwide DHA has resulted in a dramatic increase in direct hire appointments. The FBOP has had 642 direct hires appointments in FY 2024 compared to

83 in FY 2022 and 196 in FY 2023.

- **Ongoing focus by our National Recruitment Office (NRO):** NRO continues to focus recruitment efforts on our most difficult to fill positions, including COs and medical.

Finally, on October 1, 2024, FBOP rolled out its Automated Staffing Tool (AST). The AST, which is applicable to all employee disciplines, calculates staffing levels for every kind of employee at each institution based on its unique mission and staffing guidelines. The AST calculates the optimal number of positions at each institution using standard metrics across the BOP. While this tool will not solve the staffing crisis, FBOP will use AST data to inform recruitment and retention efforts and to support Congressional budget requests. (Please see below for additional information regarding the AST.)

M&R

FBOP continues to make strides in developing strategic approaches to address its M&R backlog. As noted above, FBOP worked with DOJ and OMB to develop the Capital Investment Plan. The plan establishes a rationale and timeline for making significant repairs required at institutions across the Agency. The plan would require \$1,835,861,000 to execute, which is FBOP's assessment of what it can practically accomplish over the next five years. This funding need is included in the Funding Plan that has already been shared by Congress. In addition, FBOP plans to use the Capital Investment Plan as the basis for future Congressional budget requests.

The Capital Investment Plan is structured to ensure that all critical needs are systematically addressed. The plan is categorized into several key repair categories, each focusing on specific aspects of infrastructure and facility maintenance. By breaking down the repair needs into these specific categories, the plan aims to methodically tackle each area, ensuring that all necessary repairs and upgrades are completed in a timely and efficient manner. This structured approach not only addresses immediate repair needs but also supports planning for future maintenance, thereby promoting the long-term sustainability and functionality of the facilities. The prioritization of the five-year capital improvement plan projects is based on the following criteria:

- Safety system projects (e.g., as fire alarm, sprinkler replacement, fire pump, and duress systems projects). These projects are necessary to create a safe environment for both employees and AICs.
- Security projects. These projects are necessary to maintain secure institutions to confine offenders and protect the public.
- Infrastructure projects. These projects ensure maximum efficiency of the FBOP's physical plants resulting in safe, humane, and secure institutions.
- Bedspace impact projects. These projects are crucial to managing the AIC population by identifying and resolving offline bedspace.

Additionally, in August 2023, the FBOP hired a contractor, Guidehouse, to develop a long-term strategy to align infrastructure decisions with the FBOP's mission, including methodologies for allocating resources using short, medium, and long-range planning goals. The contractor has completed three of four deliverables (Current State Assessment; Industry Leading Practices; Develop M&R Strategic Framework) and is on track to complete the fourth deliverable

(Integration of Framework Report) by March 31, 2025. The FBOP anticipates using an application developed by the contractor in Spring 2025 as the regional priority lists are received by the Chief of Resource Management.

Automated Staffing Tool (AST)

The FBOP provides the following general response regarding the AST and the steps that it is taking to ensure that AST accurately projects institution staffing needs.

Criteria and Validation. The selection and weighting of criteria and sub-criteria for the AST calculations are determined by a three-part methodology. First, a contractor hired by FBOP identified the drivers that have the most impact on FBOP's staffing needs, using methodologies and best practices from the industry and similar federal agencies. Second, FBOP's executive-approved staffing guidelines were analyzed, in conjunction with interviews with SMEs within these disciplines. The expertise and on-the-ground experience of the SMEs guide the AST calculations by identifying and appropriately weighting the most relevant criteria. For example, in custody, these criteria were determined to be age and size of the institution, distance to the hospital, mental health and medical care level, UNICOR presence, security level, facility type, and bed audit capacity.

External validation and independent research were conducted through similar agencies to affirm the validity of the criteria and align them with current industry standards, while identifying emerging trends that may warrant adjustments. In fact, over 400 subject matter experts were consulted in developing the AST. This comprehensive approach results in the AST providing credible and justified data-driven insights. Importantly, FBOP continues to work with institutions, including FMC Devens, to reconcile any disparate staffing projections. (See below FBOP response to Recommendation 1).

Calculation of medical positions. The AST projects medical positions needed to provide appropriate levels of medical care to those in our care and custody. The projections are based on patient care needs. As discussed during the FBOP's demonstration of the AST for OIG earlier this year, square footage of an institution (e.g. to accommodate office space) is not a factor in determining needed Health Services positions. FBOP Executive Leadership recognizes that additional office space will be needed at some institutions to support the AST's projections. We are evaluating the use of modular buildings or other cost-efficient options to accommodate office space needs for additional personnel.

Institution input into AST development. FBOP has provided all institutions and regions with multiple opportunities to discuss the AST's projections and methodology. Beginning in June 2023, with the rollout of each department, all institutions were given the opportunity to provide input and concerns regarding the position recommendations for their institution. Regarding the Correctional Services Department, HRMD participated in regional calls organized by the contractor to discuss methodology and familiarize users with the AST. In addition, all wardens and institution Human Resource Managers have user access to the AST and have been encouraged to raise questions directly to the contractor.

Further, at the Central Office level, each division designated one or more subject matter experts to work directly with the contractor to provide input into the appropriate criteria for departments under their area of responsibility. Each Assistant Director reviewed and confirmed the criteria prior to adopting it for use in the AST position calculations.

In August 2024, HRMD asked all Wardens to complete a survey to provide specific input on the AST position recommendations. Each Warden was asked to confirm or provide concerns with the AST recommendations for their institutions. A significant majority of wardens agreed with the projections for their respective institution. HRMD has compiled survey results and shared them with each Regional Director to confirm any issues noted by institution leadership.

Although the goal of the AST is to standardize the methodology for calculating recommended positions, there will inevitably be outliers to the global criteria that will require individualized solutions. HRMD and the contractor have been working with wardens to ensure that they understand the AST's methodology and resolve questions and concerns to the extent possible. We note that the AST is designed to address the need for approved permanent institution staffing levels.

Action Steps Taken by FMC Devens Since the Site Inspection

Importantly, since the time of the FMC Devens site inspection, FMC Devens has taken the below-noted actions.

Staffing

FMC Devens has hired several new employees:

- **Doctors:** Hired one additional Medical Doctor (MD), with two other MD candidates in the hiring process.
- **Psychiatrist:** Hired psychiatrist who is scheduled to be on site at FMC Devens during pay period 24.
- **Advanced Care Level Psychologists:** Hired three Advanced Care Level Psychologists at FMC Devens. They started at FMC Devens on August 11, 2024, October 6, 2024, and November 17, 2024.
- **Physical Therapy employees:** Two additional physical therapy employees started on November 3, 2024.
- **Treatment Specialist:** A LifeSkills Lab Treatment Specialist started at FMC Devens on November 3, 2024. The Treatment Specialist is receiving training to initiate programming, and assessments have begun for AICs who were referred for programming to determine levels of support each AIC will need.
- **Corrections Officers:** FMC Devens has hired 12 COs hired since April 2024. Six (6) additional COs are scheduled to start on December 1, 2024.

Programming

Regarding OIG's concern that staffing shortages have affected FMC Devens' ability to offer

programming, FMC Devens has noted that current staffing levels in the FMC Devens Education Department does not limit FMC Devens from offering GED courses; nor do staffing levels limit provision of CDL programming at the camp. Devens had 14 GED completions in FY 2024 and already has six in FY 2025. FMC Devens is establishing an MOU with the Massachusetts Registry of Motor Vehicles in order to begin the CDL program; staffing shortages are not precluding the program.

FMC Devens Psychology Services maintains a comprehensive approach to AIC care. Psychology Services prioritizes programming for inmates with higher mental health care needs, while also providing resources and programs for those with lower mental health care levels. Furthermore, as noted above, FMC Devens has hired three new psychologists, including one Staff Psychologist who offers evidence-based practice groups and First Step Act (FSA) groups to individuals with lower mental health care levels.

The FMC Devens Education Department is working to bolster meaningful and marketable skill programming at the camp. The FMC Devens Supervisor of Education (SOE) has directed one employee in the coming calendar year to specifically address needs at the camp. This employee will oversee the literacy program as well as the newly established Dog Training program. This dog training program will bring an opportunity for AICs to earn Dog Training Apprenticeships, which is a nationally recognized certificate offered by the Department of Labor. The SOE has also been working closely with Mount Wachusett College to bring the Pell Grant to Devens at the end of calendar year 2025, with the goal of offering college course work both inside the institution and at the camp. This partnership will also open the opportunity to partner with the college on vocational college credit hour earning programs.

Safety & Security

In the Report, OIG noted a concern that employee radios did not receive a signal in some parts of the institution, namely the hospital and areas below ground, and radios were beyond their serviceable dates, rendering many radios unrepairable.

Since the time of OIG's site inspection, a repeater for the radio system at FMC Devens was repaired in May 2024. FMC Devens currently reports no "dead zones" or issues with the radio system. Moreover, FMC Devens is scheduled to receive new radios in FY 2025.

The Report also states that per post orders, "Correctional Officers must complete irregularly timed rounds within each 30-minute block of time while working a post in a housing unit." However, OIG found that "collectively only half the required rounds (53 percent) were completed in the [Memory Disorder Unit] MDU, hospital unit, and transitional mental health step-down unit, leaving vulnerable inmates unobserved for multiple hours each night."

FMC Devens understands the importance of assuring the welfare of all AICs and employees and continues to strive to ensure policy is being followed. FMC Devens employees are required to adhere to current policy requiring that they conduct 30-minute rounds not to exceed 40-minutes in all areas housing AICs in a continuous lockdown status (such as the Special Housing Unit, JA and JB and all housing units in N-building.) Employees assigned to the P building (hospital) are

required to conduct irregular rounds as those units are not in a continuous lock down status. Currently, FMC Devens leadership is conducting periodic reviews of video footage from the Special Housing Unit to ensure adherence to policy requirements. In addition, FMC Devens leadership will conduct periodic reviews of additional video footage from random housing units on random shifts. Further, FMC Devens leadership is sending reminders to employees about the importance of conducting rounds, as well as the requirement to read, be familiar with, and sign the post orders which detail all the required duties, including conducting rounds.

Infrastructure

In the Report, OIG found that FMC Devens has several unfunded major infrastructure and equipment repair projects that present safety and security issues, that many facility systems are approaching the end of their projected lifespan, and that the roofs need repair.

Shortly after the site inspection, shower stall flooring in medical housing units were replaced with abrasive flooring paint, and mats were repositioned under shower chairs in the shower stalls. Additionally, FBOP has included the following FMC Devens M&R projects in its Capital Investment Plan. The FY 2024 replacement generator project is funded. The remaining M&R projects are awaiting sufficient funding.

Fiscal Year	Region	Project Name	City	State	Category	Project Description	Estimated Total Project Cost \$000's	Months to Complete Estimate
FY24	NER	FMC Devens	Ayer	MA	Utility Infrastructure	Replace Emergency Standby Generator	\$1,008	18
FY29	NER	FMC Devens	Ayer	MA	Roofing	Replace Roofs	\$3,900	18
FY29	NER	FMC Devens	Ayer	MA	Roofing	Repair Roofs	\$504	18
FY29	NER	FMC Devens	Ayer	MA	General Improvement	Repair Asphalt	\$2,100	12
FY29	NER	FMC Devens	Ayer	MA	Security	Replace Control PLC	\$500	12
FY29	NER	FMC Devens	Ayer	MA	Utility Infrastructure	Replace Boiler Burners	\$3,000	12
FY30	NER	FMC Devens	Ayer	MA	Climate Control	Replace Cooling Tower	\$1,575	18

In addition to the above, FBOP offers the following responses to the Report Recommendations.

Recommendation 1: Ensure that FMC Devens Executive Leadership and the Central Office's Human Resources Management Division discuss the staffing projection tool methodology and how it compares with FMC Devens Executive Leadership's understanding of its current and potential future mission needs to ensure greater alignment

between stakeholder staffing projections.

FBOP Response: FBOP concurs with this recommendation. FMC Devens Executive Leadership is continuing ongoing communications with FBOP's Human Resource Management Division (HRMD) regarding the AST methodology and the proper staffing levels for FMC Devens.

The warden at FMC Devens completed the AST survey in August 2024. In September, FMC Devens's Executive Team, Regional Office Executive leadership, and the contractor discussed the staffing projection tool methodology.

The feedback from Executive Leadership at FMC Devens included the following:

- Number of authorized Correctional Services positions (201) should remain at current levels. This request was supported by new information related to the closure of a local hospital and the resulting need for additional positions to support hospital trips.
- Seven additional positions for Psychology.
- Decrease of 123 positions for Health Services.
- Agreement with AST projections for all other disciplines.

HRMD is continuing conversations with FMC Devens to ensure that it understands the methodology for the recommendations. In addition, HRMD and divisional SMEs will continue to engage with the institution and regional leadership to address the feedback above as well as any additional criteria or outlier issues that can be addressed for FMC Devens.

Recommendation 2: Ensure that FMC Devens follows BOP guidance for buprenorphine and naloxone administration and observation and that all FMC Devens employees who administer medication receive training on BOP guidance and policies for medication administration.

FBOP Response: FBOP concurs with this recommendation. Since the inspection, FMC Devens has ensured routine observation by Nurse Supervisors of the process for buprenorphine and naloxone administration and will continue to monitor the process closely and correct as needed.

Guidance was sent via email to all Devens Nursing Employees on April 26, 2024, regarding this medication administration at the camp facility. On May 2, 2024, FMC Devens Health Services Supervisory Clinical Nurse conducted an observational review of the FMC Devens camp MAT pill line. This review resulted in the creation of a document articulating issues and corrective actions for nursing related items on May 6, 2024. Specifically, it was noted in the review that not all nurses were conducting the MAT line and morning pill line separately and that there was not a second person available to observe during MAT administration. The review recommended that re-training be completed for nursing staff regarding the separation of MAT administration with the pill line. Additionally, the nurse manager communicated with the captain to require a camp officer to observe during the MAT pill line, including conducting mouth checks.

Subsequently, another email was sent on November 13, 2024, by the Acting Director of Nursing

at FMC Devens, again reminding all FMC Devens nursing employees of the relevant guidance and requirements. Additionally, all employees who administer medication will receive additional training during FMC Devens next Health Services Monthly meeting in December 2024.

Recommendation 3: Implement a plan to address the medical record backlog at FMC Devens.

FBOP Response: FBOP concurs with this recommendation, and FMC Devens Health Services Leadership has reconciled their list of pending reports and has ensured that all reports received from the comprehensive contract have been scanned into the electronic medical record and removed from the pending report list. FMC Devens continues to provide a monthly list of pending reports to the comprehensive contract representatives and will engage contract representatives more frequently to seek any time-sensitive reports.

FMC Devens Health Services Leadership and FMC Devens Contracting Specialists will continue to meet monthly and as needed to communicate expectations related to any past due pending reports. The contract representatives will complete a weekly reconciliation with FMC medical records staff until any pending reports are received.

Recommendation 4: Ensure that FMC Devens develops a consistent and accurate medical record tracking procedure with the contracted company that includes regular and recurring reconciliation of outside inmate medical records between FMC Devens and the contracted company.

FBOP Response: FBOP concurs with this recommendation. As stated in response to Recommendation 3, above, FMC Devens continues to provide a monthly list of pending reports to the comprehensive contract representatives and will engage contract representatives more frequently to seek any time-sensitive reports. FMC Devens Health Services Leadership and FMC Devens Contracting Specialists will continue to meet monthly and as needed to communicate expectations related to any past due pending reports. The contract representatives will complete a weekly reconciliation with FMC medical records staff until any pending reports are received.

Recommendation 5: Ensure that FMC Devens follows the BOP Patient Care Policy for sick call and provides training to all FMC Devens Health Services Department employees on the policy, as well as on FMC Devens sick call procedures.

FBOP Response: FBOP concurs with this recommendation. FMC Devens has already taken action to implement this recommendation. Since May 2024, nurse supervisors have been present in the outpatient clinic during sick call times to provide on-the-spot corrections to health services department employees as needed. Further, on November 21, the FMC Devens Assistant Health Services Administrator sent an email to all health services staff on sick call procedures with specific reminders about sick call procedures and attaching the local procedures document. FMC Devens will provide more education for all health services department staff at the next monthly health services meeting in December 2024.

Additionally, FMC Devens provided training to its nursing employees on the policy and FMC

Devens sick call procedures in May 2024, after OIG's site inspection. Subsequently, the FMC Devens Supervisory Clinical Nurse directed all FMC Devens nursing employees to require the following:

- Since July 1, 2024, AICs have been required to sign into a check-in logbook during sick call, between 7:30 and 8:30 a.m., even if the issue presented is non-sick-call related.
- The logbook must indicate the date, the AIC's last name and register number, and reason for visit.
- Sick Call Forms have been centrally placed for ease of use, and each AIC must complete the form prior to being seen.
- Sick Call Forms and the tracking log must be maintained for 60 days.
- Nurses must schedule follow-up appointments for providers using the sick call guidelines inputting the time and adding the appointment into the scheduler application directly from their clinical encounter, so that there is a time stamp maintained of appointment scheduling.
- The charge nurse will review the tracking log before the end of each day and verify that each entry was either seen the same day, does not require follow-up, or has an appointment entered into the scheduler, and notates that into the tracking log.

Recommendation 6: Ensure that FMC Devens follows the BOP's Clinical Practice Guidelines for Preventive Healthcare Screening to establish a local preventive health program and utilize all members of the healthcare team in preventive healthcare.

FBOP Response: FBOP concurs with this recommendation. FMC Devens established a collaborative local preventative health program in August 2024 which follows the current preventative health guidance recommendations in the FBOP's Clinical Practice Guidelines for Preventative Healthcare Screening, the United States Preventative Task Force guidance and the subscription service, UpToDate.

Recommendation 7: Ensure that all FMC Devens inmates over age 50 are receiving preventive healthcare screenings, including cognitive impairment screening.

FBOP Response: FBOP concurs with this recommendation and notes that during the exit conference, OIG clarified that this recommendation pertains specifically to all AICs over age 50 at FMC Devens. As stated in the response to Recommendation 6, FMC Devens established a collaborative local preventative health program in August 2024 which follows the current preventative health guidance recommendations for all inmates over age 50 in the FBOP's Clinical Practice Guidelines for Preventative Healthcare Screening, the United States Preventative Task Force guidance and the subscription service, UpToDate. Included in the Standard Operating Procedures for the Implementation of the Preventative Health Care Clinical Practice Guidelines at FMC Devens, issued August 26, 2024, are requirements for:

- A thorough chart review to determine what tests and evaluations are indicated by the AIC's age, sex, and risk factors.
- Interviews of AICs to assess risk factors and recommend/order specific health screens and interventions.

- Instructing AICs about prevention measures.
- Administering immunizations.
- Referring abnormal results for follow-up to a physician.
- Scheduling AICs for preventative health baseline visits at intake or within the first six months of incarceration.
- Scheduling periodic visits every three years for AICs under age 50 and annually for those aged 50 or older.
- Clearly documenting preventative Health Periodic Visits as such.

Recommendation 8: Ensure that FMC Devens verifies the credential files of all providers prior to allowing them to administer care to inmates and ensure that FMC Devens completes peer reviews in accordance with BOP policy.

FBOP Response: FBOP concurs with this recommendation. Currently, FMC Devens verifies the credential files of all health services employees at FMC Devens, prior to hiring and upon license renewal. FMC Devens Health Services Leadership and FBOP Health Services Division are working together to complete necessary peer reviews and privileges in accordance with FBOP's Program Statement 6027.02 Health Care Provider Credential Verification, Privileges, and Practice Agreement Program.

Regarding two specific types of health services providers, telepsychiatrists and pharmacists: Any credential files completed by FBOP Health Services Division for telepsychiatry providers will also be locally maintained at FMC Devens and added to the FMC Devens credentialing tracker, ensuring that active privileges and peer reviews for telepsychiatry providers are in accordance with FBOP policy. Additionally, two pharmacist peer reviews at FMC Devens were submitted in September 2024 and the remaining three are scheduled to be completed and submitted upon their Collaborative Practice Agreement (CPA) renewal in 2025.

It is important to note that, in addressing the peer reviews for clinical pharmacists with a collaborative practice agreement, past practice and current policy distinguish between providers working under practice agreements, such as physician assistants and nurse practitioners, and pharmacist working under a CPA. While some institutions chose to apply the policy to both types, peer reviews for pharmacists working under collaborative practice agreements had not been explicitly required in P.S. 6027.02.

However, recognizing the need for clarification, FBOP Central Office Health Services Divisions issued a memo in February 2024 to clearly define and require peer reviews for all pharmacists working under a CPA to be completed, and submitted at the time of CPA renewal.

Recommendation 9: Ensure that inmates admitted to and housed in the Memory Disorder Unit are appropriately placed in accordance with FMC Devens's established criteria.

FBOP Response: FBOP concurs with this recommendation. To ensure that AICs admitted to and housed in the Memory Disorder Unit (MDU) are appropriately placed, FMC Devens Health Services Leadership reviewed each MDU resident in May 2024. Additionally, the Regional Medical Director reviewed each MDU resident again during the week of November 11, 2024, to

ensure that each resident has a diagnosis involving dementia or chronic memory impairment. FMC Devens has a temporary moratorium approved for admissions to the MDU at this time. FMC Devens Health Services Leadership, with guidance from FBOP Health Services Division, are in the process of reviewing and revising the established admission criteria to be inclusive of diagnoses that include dementia and chronic memory impairment as a symptom of the disorder. Once the admission criteria are revised, the moratorium will be discontinued. Further updates will be provided as that revision occurs.

Recommendation 10: Ensure that FMC Devens adheres to BOP policy on medical inmate companion screening and hiring and that FMC Devens employees screening and hiring these companions are trained on the policies and procedures.

FBOP Response: FBOP concurs with this recommendation. To ensure adherence to FBOP's Program Statement 6010.05 Health Services Administration, Section 5 (Inmate HSU Workers), FMC Devens Nurse Supervisor reviewed the AIC Companion roster during the week of November 11, 2024. This review resulted in a finding that there were two companions deemed ineligible and these AICs were terminated from their positions on November 18 and 19, 2024. The Nurse Supervisor responsible for hiring medical inmate companions now ensures that all medical AIC companions currently meet the eligibility criteria.

Additionally, starting July 2024, the Nurse Manager has sent monthly emails to Nursing Staff reminding them of the duties and responsibilities of inmate medical companions. Also, in September 2024, education and training were provided to medical inmate companions and all FMC Devens employees who supervise inmate companions. This training covered the technical guidance for the Medical Inmate Companion Program, companion qualifications / eligibility, and roles and responsibilities of inmate companions.

Recommendation 11: Ensure that FMC Devens evaluates the roles and responsibilities of medical inmate companions to ensure that they are not performing duties outside the scope of the inmate companion program.

FBOP Response: FBOP concurs with this recommendation. As indicated in the response to Recommendation 10, FMC Devens Nurse Supervisor reviewed the AIC Companion roster during the week of November 11, 2024, to ensure adherence to FBOP's Program Statement 6010.05 Health Services Administration, Section 5 (Inmate HSU Workers). Additionally, education and training were provided to medical inmate companions as described in the response to recommendation 10, above, to ensure that companions do not perform duties outside the scope of the inmate companion program.

Appendix 5: OIG Analysis of the BOP's Response

The OIG provided a draft of this report to the BOP for its comment. The BOP's response is included in [Appendix 4](#) to this report.

In its formal response, the BOP acknowledged the issues identified in this report and described actions that it has already taken to rectify the findings. The BOP's response to this report was notably comprehensive in describing both agency-wide actions it has taken to address long-standing staffing and infrastructure challenges, as well as institution-level actions that FMC Devens has taken and planned to address each recommendation. The BOP provided a separate set of responses from FMC Devens (not included in this appendix) describing those specific actions, along with relevant documentation demonstrating the steps taken. FMC Devens has been proactive in its corrective actions and in the provision of documentation addressing the OIG's recommendations. The OIG acknowledges the BOP's ongoing efforts, planned actions, and responsiveness to our recommendations.

The BOP agreed that staffing shortages and crumbling infrastructure can create dangerous conditions in its institutions and compromise the health and security of employees and inmates. Addressing these challenges is among the BOP's top priorities, and it is working closely with the Department of Justice (Department) to obtain additional pay authorities and funding to ensure that it can fully effectuate its mission, the BOP reported. The BOP cited the Department's funding proposal, which contains a 5-year plan to address the BOP's staffing and modernization and repair challenges, submitted to Congress on November 7, 2024. The funding proposal (referenced in our report) names as key elements a nationwide Special Salary Rate for Correctional Officers and nurses; additional funding and positions to increase Correctional Officer and nurse staffing; and more than \$1.8 billion over 5 years to address critical infrastructure needs, based on a 5-year Capital Investment Plan that the BOP developed with the Department and the Office of Management and Budget. The BOP listed the FMC Devens modernization and repair projects that are included in the Capital Investment Plan.

The BOP described agency-wide recruitment and retention progress achieved through hiring initiatives in 2024; nationwide direct hire authority for Correctional Officers approved in May 2024, resulting in 642 direct hires in FY 2024; and a continued focus on recruiting Correctional Officers and medical positions. In FY 2024, for example, the BOP stated that it increased new hires by approximately 14 percent and nearly doubled its FIRST STEP Act onboard positions. Citing the October 2024 rollout of its staffing projection tool, the BOP described its efforts to ensure that the tool accurately projects institution staffing needs, including an August 2024 Wardens survey to collect input on position recommendations.

The BOP reported that since our inspection FMC Devens has hired new employees, including an additional medical doctor and three new psychologists, and the institution plans to bolster programming at the Camp with the Commercial Driver's License program and a new dog training program. FMC Devens acknowledged the need for employees to follow policy on conducting rounds and stated that its leadership will conduct periodic reviews of video footage from random housing units. Finally, FMC Devens now reports no "dead zones" or issues with the radio system, with new radios expected in FY 2025, the BOP stated.

The OIG's analysis of the BOP's response regarding specific recommendations and the actions necessary to close them are discussed below. Please respond to all recommendations by March 11, 2025.

Recommendation 1

Ensure that FMC Devens Executive Leadership and the Central Office's Human Resource Management Division discuss the staffing projection tool methodology and how it compares with FMC Devens Executive Leadership's understanding of its current and potential future mission needs to ensure greater alignment between stakeholder staffing projections.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and stated that FMC Devens Executive Leadership is continuing ongoing communications with the BOP's Human Resource Management Division (HRMD) regarding the automated staffing tool methodology and the proper staffing levels for FMC Devens. The BOP noted that the FMC Devens Warden completed the staffing tool survey in August 2024 and that in September 2024 FMC Devens's Executive Leadership, Regional Office Executive Leadership, and the contractor discussed the staffing projection tool methodology. The BOP stated that feedback from FMC Devens Executive Leadership included maintaining the number of authorized Correctional Services positions (201), adding 7 additional positions to the Psychology Services Department, and decreasing the number of Health Services positions to 123. The BOP stated that the HRMD is continuing conversations with FMC Devens to ensure that it understands the methodology for the tool's recommendations and that it will continue addressing the FMC Devens feedback, as well as any additional criteria or outlier issues.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide documentation demonstrating that FMC Devens Executive Leadership, BOP Regional Office Executive Leadership, BOP Central Office HRMD personnel, and contractor personnel have discussed the staffing projection tool methodology and identified any additional criteria and outlier issues for FMC Devens. Please describe any additional progress made to achieve greater alignment between stakeholders on staffing projections.

Recommendation 2

Ensure that FMC Devens follows BOP guidance for buprenorphine and naloxone administration and observation and that all FMC Devens employees who administer medication receive training on BOP guidance and policies for medication administration.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and stated that, since the inspection, FMC Devens has ensured that nurse supervisors routinely observe the process for buprenorphine and naloxone administration and will continue to monitor the process closely. On April 26, 2024 (during our inspection), a nursing supervisor emailed to all FMC Devens nurses relevant guidance regarding this medication administration at the Camp facility. The BOP also noted that an FMC Devens Health Services Department manager conducted an observational review of the Camp Medication Assisted Treatment (MAT) pill line on May 2, 2024. According to the BOP, the review noted that not all nurses were conducting the MAT pill line and morning pill line separately and there was not a second person available to observe during MAT administration; the review recommended that retraining be completed for nursing employees regarding the separation of MAT administration with the morning pill line. This review resulted in the creation of a document on May 6, 2024, articulating issues and corrective actions. The BOP further noted that FMC

Devens had a Correctional Officer at the Camp observe during the MAT pill line, including conducting mouth checks. The BOP also told us that on November 13, 2024, a nursing supervisor reinforced relevant guidance and requirements through an email. The BOP noted that all employees who administer medication will receive additional training during FMC Devens's next Health Services monthly meeting in December 2024.

OIG Analysis: The BOP's actions are responsive to the recommendation. Since the inspection, FMC Devens has twice reminded its nursing employees via email of the medication administration guidance and a Health Services Department manager conducted a review of the MAT pill line that resulted in relevant corrective actions. These corrective actions included a training session for nursing employees on conducting pill line, nurse managers notifying the institution's Food Service Manager of the need for food services to remain open until nursing employees clear the last inmate from the MAT line, and nurse managers notifying the institution's Captain of the need for a Camp Correctional Officer to assist in observing for diversion during the MAT pill line. Please provide: (1) training materials and documentation of training completion for all FMC Devens employees who administer medication, as referenced with respect to the December 2024 monthly Health Services Department meeting, and (2) documentation of the nurse manager's communication to the Captain regarding assistance during the MAT pill line.

Recommendation 3

Implement a plan to address the medical record backlog at FMC Devens.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and stated that in early November 2024 FMC Devens reconciled its list of pending reports and ensured that all reports received from the contracted company had been scanned into the Bureau Electronic Medical Records System (BEMR) and removed from the pending report list. FMC Devens continues to provide a monthly list of pending reports to the comprehensive contract representatives and plans to engage contract representatives more frequently to seek any time-sensitive reports. The BOP stated that FMC Devens Health Services leadership and FMC Devens contracting specialists will continue to meet monthly and as needed to communicate expectations related to any past due pending reports. Further, the BOP told us that contract representatives will complete a weekly reconciliation with FMC Devens Health Services Department employees until any pending reports are received.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide documentation that all pending reports have been scanned into BEMR and removed from the pending report list. Additionally, please provide the list of pending medical records and describe progress made by FMC Devens toward reducing the backlog.

Recommendation 4

Ensure that FMC Devens develops a consistent and accurate medical record tracking procedure with the contracted company that includes regular and recurring reconciliation of outside inmate medical records between FMC Devens and the contracted company.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and provided a similar response to that for Recommendation 3.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide the procedure that includes regular and recurring reconciliation of outside medical records between FMC Devens and the contracted company. Please also describe how FMC Devens will ensure the accurate tracking of its outside medical records with the contracted company.

Recommendation 5

Ensure that FMC Devens follows the BOP Patient Care Policy for sick call and provides training to all FMC Devens Health Services Department employees on the policy, as well as on FMC Devens sick call procedures.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and reported that FMC Devens has already taken action to implement this recommendation. In May 2024, following our inspection, FMC Devens provided training to its nursing employees on BOP policy and FMC Devens sick call procedures. The BOP reported that FMC Devens directed all nursing employees to adhere to a variety of sick call guidelines, including ensuring that the logbook is up-to-date with inmates' information and that nurses must schedule follow-up appointments. Since May 2024, the BOP reported that FMC Devens nurse supervisors have been present in the outpatient clinic during sick call times to provide on-the-spot corrections to Health Services Department employees as needed. On November 21, 2024, FMC Devens Health Services Department management sent an email to all Health Services Department employees with specific reminders about sick call procedures; the local procedures document was attached to the email.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide documentation showing that nurse supervisors have been present at the outpatient clinic during sick call times since May 2024. Please also provide the training materials and documentation of training completion for all FMC Devens Health Services Department employees, as referenced with respect to the December 2024 monthly Health Services Department meeting. Lastly, please describe how FMC Devens will continue to ensure that sick call procedures are followed by its employees.

Recommendation 6

Ensure that FMC Devens follows the BOP's Clinical Practice Guidelines for Preventive Healthcare Screening to establish a local preventive healthcare program and utilize all members of the healthcare team in preventive healthcare.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and noted that in August 2024 FMC Devens established a collaborative local preventive health program, which follows the current preventive health guidance recommendations in the BOP's Clinical Practice Guidelines (CPG) for Preventive Healthcare Screening; the BOP provided a copy of the FMC Devens collaborative local preventive health program.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide the implementation plan for the collaborative local preventive health program.

Recommendation 7

Ensure that all FMC Devens inmates over age 50 are receiving preventive healthcare screenings, including cognitive impairment screening.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and, as in its response to Recommendation 6, noted that in August 2024 FMC Devens established a collaborative local preventive health program, which follows the current BOP CPG for Preventive Healthcare Screening. Within the collaborative local preventive health program, the BOP stated that FMC Devens is required to schedule annual preventive health visits for inmates over age 50.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide the number of FMC Devens inmates over age 50 who have received preventive healthcare screenings, including cognitive impairment screenings, and supporting documentation to demonstrate that such screenings have occurred. For inmates over age 50 who have yet to receive annual preventive healthcare screenings, including cognitive impairment screenings, please provide documentation demonstrating when the screening is scheduled to occur. Additionally, please provide documentation on the progress of each requirement in the collaborative local preventive health program.

Recommendation 8

Ensure that FMC Devens verifies the credential files of all providers prior to allowing them to administer care to inmates, and ensure that FMC Devens completes peer reviews in accordance with BOP policy.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and stated that FMC Devens verifies the credential files of all Health Services employees at FMC Devens prior to hiring and upon license renewal. The BOP also stated that FMC Devens is working to complete peer reviews and renew clinical privileges in accordance with the BOP's guidelines. The BOP reported that any credential files completed by its Health Services Division for telepsychiatry providers will also be maintained at FMC Devens and added to the FMC Devens credentialing tracker, in accordance with BOP policy. Two pharmacist peer reviews at FMC Devens were submitted in September 2024 and the remaining three are scheduled to be completed and submitted in 2025, the BOP reported. Finally, BOP Central Office issued a memorandum in February 2024 to define and require peer reviews for all pharmacists working under a collaborative practice agreement to be completed and submitted at the time of collaborative practice agreement renewal.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide documentation that FMC Devens maintains the active privileges and peer reviews for telepsychiatry providers. Additionally, please provide the results of the peer reviews of the FMC Devens pharmacists.

Recommendation 9

Ensure that inmates admitted to and housed in the Memory Disorder Unit are appropriately placed in accordance with FMC Devens's established criteria.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and reported that FMC Devens Health Services Department management reviewed each Memory Disorder Unit (MDU) resident in May 2024 and the Regional Medical Director reviewed them in November 2024. These reviews were intended to ensure that inmates admitted to and housed in the MDU are appropriately placed following a diagnosis involving dementia or chronic memory impairment. FMC Devens Health Services Department management, with guidance from the BOP Health Services Division, is reviewing and revising the established admission criteria; the temporary moratorium on MDU admissions will be discontinued once admission criteria are revised, the BOP stated.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide copies of the May and November 2024 assessments of each inmate housed in the MDU and the revised admission criteria for the MDU once it is completed.

Recommendation 10

Ensure that FMC Devens adheres to BOP policy on medical inmate companion screening and hiring and that FMC Devens employees screening and hiring these companions are trained on the policies and procedures.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and stated that FMC Devens Health Services Department management reviewed the inmate companion roster in November 2024 and found that two companions were ineligible; the ineligible inmates were subsequently terminated from their positions. The BOP reported that the FMC Devens Health Services Department employees responsible for hiring medical inmate companions now ensure that all medical inmate companions meet the eligibility criteria. In September 2024, the institution provided training covering companion qualifications, eligibility, roles, and responsibilities to both medical inmate companions and all FMC Devens employees who supervise inmate companions, the BOP reported.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide documentation demonstrating how FMC Devens will monitor future inmate companion eligibility, including how it will adhere to BOP policy on medical inmate companion screening and hiring to ensure that all medical inmate companions meet the eligibility criteria. As stated in this report, we found that multiple medical inmate companions should have been prohibited from becoming a medical inmate companion based on the BOP's eligibility criteria (3 had committed a sexual offense, 8 had committed a violent offense, and 6 were Medical Care Level 4 inmates with medical restrictions). Additionally, please provide the training plan and curriculum for the FMC Devens Health Services Department employees responsible for hiring medical inmate companions and the roster of trained FMC Devens employees and medical inmate companions.

Recommendation 11

Ensure that FMC Devens evaluates the roles and responsibilities of medical inmate companions to ensure that they are not performing duties outside the scope of the inmate companion program.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation and, as in its response to Recommendation 10, stated that FMC Devens Health Services Department management reviewed the inmate companion roster in November 2024 to ensure adherence to the BOP's policy and the institution provided training to medical inmate companions to ensure that they do not perform duties outside the scope of the medical inmate companion program.

OIG Analysis: The BOP's actions are responsive to the recommendation. Please provide documentation demonstrating that all medical inmate companions have received the required training and describe how FMC Devens will monitor and ensure that future inmate companions do not perform duties outside the scope of the program.