

The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Climate and Environmental Health
 Division of Environmental Health Regulations and Standards
 67 Forest Street, Suite # 100 Marlborough, MA 01752
 617-624-6000 | mass.gov/dph

Maura T. Healey
 Governor

Kiame Mahaniah, MD, MBA
 Secretary

Kimberley Driscoll
 Lieutenant Governor

Robert Goldstein, MD, PhD
 Commissioner

February 20, 2026

To: Shawn Jenkins, Commissioner, Department of Corrections (electronic copy)
 Kiame Mahaniah, MD, MBA, Secretary, Executive Office of Health and Human Services (electronic copy)
 Clerk, Massachusetts House of Representatives (electronic copy)
 Clerk, Massachusetts Senate (electronic copy)
 Sergeant Corey Hopkins, Environmental Health and Safety Officer (electronic copy)
 Mark Cutler, Environmental Health and Safety Officer (electronic copy)

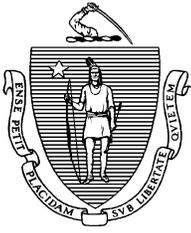
Greetings,

Pursuant to 105 CMR 451.403, please find the complaint-based investigation report for MCI Shirley, the Plan of Correction (POC) from the facility, a POC Reminder and the POC acceptance letter from the Division of Environmental Health Regulations and Standards (EHRS).

Sincerely,

Amy Riordan, MPH
 Senior Advisor, EHRS, BCEH

Cc: Robert Goldstein, MD, PhD, Commissioner, DPH (electronic copy)
 Gina K. Kwon, Secretary, Executive Office of Public Safety and Security (electronic copy)
 James Garreff, RS, CHO, Director, Nashoba Associated Boards of Health (electronic copy)
 Brianna Arruda, Director, Policy Development and Compliance Unit (electronic copy)
 Matthew Divris, Superintendent (electronic copy)



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Robert Goldstein, MD, PhD
Commissioner

December 15, 2025

Joann Lynds, Superintendent
MCI Shirley
P.O. Box 1218
Shirley, MA 01464 (electronic copy)

Re: Complaint-Based Investigation – MCI Shirley

In response to a complaint received and in accordance with 105 CMR 451.401 and 105 CMR 451.408, the Massachusetts Department of Public Health (Department) Division of Environmental Health Regulations and Standards (EHRS) conducted a complaint-based, unannounced investigation at MCI Shirley on December 1, 2025. This letter summarizes the reported complaint and the results of our investigation.

Complaint

The EHRS received an email from an incarcerated individual at MCI Shirley, housed in the Assisted Daily Living (ADL) area of the Health Services Unit (HSU) in the facility. The complaint outlined several concerns including the following primary conditions:

- The structural integrity of the foundation in the ADL area is subsiding;
- The floor in the med line area in the HSU lobby is failing;
- The HVAC does not function in the ADL, and the cells were cold;
- Insufficient amount of space is available to use a wheelchair in the ADL dorm; and
- Use of a cell with no plumbing.

Investigation:

The investigation was conducted by Amy Riordan and Kerry Wagner, EHRS; Also present were John Gaunari, Director of Engineering, Joshua Petith, Maintenance, and Corey Hopkins, Environmental Health and Safety Officer (EHSO).

The Department conducted an investigation of the ADL, the med line area, and the inpatient areas of the facility. Air temperature measurements were taken, interviews were conducted, and a visual assessment of the conditions of the building were made. EHRS discussed the conditions of the building with the Director of Engineering (DOE), who walked us through the building and described the scope of the ongoing renovation project within the building. Maintenance staff also accompanied the investigation and confirmed the HVAC unit was replaced 3-4 years ago, and that they are constantly monitoring and maintaining the functionality of the system.

Overview

Section 1 identifies any health and safety deficiencies found during the investigation.

Section 2 provides information on submitting a Plan of Correction for any identified deficiencies.

Section 3 describes conditions specific to the complaints reported.

Section 4 outlines observations and recommendations related to the facility investigation.

SECTION 1: Health and Safety Deficiencies

Assisted Daily Living

Deficiencies under the Required Standards (.100 and .200 series)

3 new deficiencies and 2 repeat deficiencies (indicated by an *) were found during the inspection:

1.	ADL	Inmate Bathroom #1041	105 CMR 451.110(A)	Hygiene Supplies at Toilet and Handwash Sink: No toilet paper
2.	ADL	ADL Dorm Shower Room # 1039	105 CMR 451.123*	Maintenance: Shower seat damaged
3.	ADL	ADL Dorm Shower Room # 1039	105 CMR 451.123	Maintenance: Rubber strip on floor at entrance to shower damaged
4.	ADL	ADL Dorm Shower Room # 1039	105 CMR 451.123	Maintenance: Black chair dirty
5.	ADL	ADL Dorm Shower Room # 1039	105 CMR 451.110(A)*	Hygiene Supplies at Toilet and Handwash Sink: No paper towels at handwash sink

Deficiencies under the Recommended Standards (.300 series)

1 new deficiency and 5 repeat deficiencies (indicated by an *) were found during the inspection:

1.	ADL	Cell #1A	105 CMR 451.353	Interior Maintenance: Ceiling vent dusty
2.	Med Line Area		105 CMR 451.350*	Structural Maintenance: Exterior door not rodent-proof and weathertight
3.	Med Line Area		105 CMR 451.353*	Interior Maintenance: Floor tiles uneven throughout Med Line Area
4.	Med Line Area		105 CMR 451.353*	Interior Maintenance: Walls dirty throughout Med Line Area
5.	Med Line Area		105 CMR 451.353*	Interior Maintenance: Wall damaged at entrance to Med Line Area
6.	Med Line Area		105 CMR 451.353*	Interior Maintenance: Door frame rusted

Deficiencies under 105 CMR 451.402(B) (other conditions that may constitute a threat to health or safety)

1 new deficiency was found during the inspection:

1.	Med Line Area	Dorm Room # 128	105 CMR 451.402(B)	Packaging, Labeling, and Shipping: Biological waste containers were used for solid municipal waste. Standard is found in 105 CMR 480.300(A)
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SECTION 2: Plan of Correction

This facility does not comply with the Department's regulations cited above. In accordance with 105 CMR 451.404, please submit a plan of correction within 10 working days of receipt of this notice which includes:

1. Specific corrective steps to be taken
2. A timetable for the corrective actions for larger projects
3. The date by which correction will be achieved
4. Any interim measures being implemented to ensure the health and safety of incarcerated individuals and facility staff
5. A signature by the Superintendent or Administrator responsible for the plan. The signed plan should be submitted to my attention, at the address listed above.

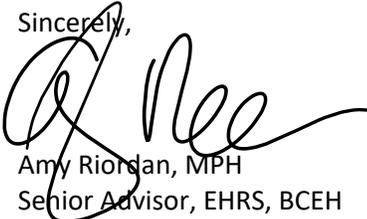
SECTION 3: Conditions Specific to the Complaint Received

- The med line area is in poor condition, the floor is damaged, and in some areas it is soft. The doors are not weathertight, and the walls are cracked around one of the entrance doors. The DOE explained the ongoing plan to renovate this area; however, an anticipated start date could not be provided as other areas of the building are a priority and are currently under renovation. Renovations to the HSU are conducted by an outside vendor and funds have been secured through Division of Capital Asset Management and Maintenance (DCAMM). The DOE stated repair plans and timelines were determined by DCAMM and the state building inspector has been informed of all anticipated repairs to the building.
- Maintenance staff confirmed the HVAC system is fully operational and regular routine maintenance is performed on the system. At the time of the investigation air temperature measurements were taken in the dorm and the two single cells and the results ranged between 70°F -76°F, which meets the minimum recommendation of at least 68°F between 7:00 A.M. and 11:00 P.M. as outlined in 105 CMR 451.330.
- EHRS staff spoke with two incarcerated individuals during the investigation, including the complainant. They both confirmed the air temperature was currently comfortable and maintenance had adjusted the temperature.
- The cell without plumbing is used by mental health clinicians, and to hold incarcerated individuals who are transferred from other institutions to receive medical care. An officer is stationed across the hall and conducts checks on these individuals at least every 30 minutes. If an individual needs to use the restroom, they may request to do so at any time, or notify the officer during a scheduled check, at which time the officer would escort them to the restroom across the hallway.
- The ADL dorm has 11 beds, and during the investigation, 8 beds were occupied. The square footage was measured and recorded to be 1068 square feet, which meets the minimum recommendation of 60 square feet of floor space for each occupant outlined in 105 CMR 451.322.

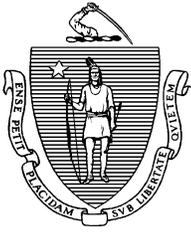
SECTION 4: Observations and Recommendations

- At the conclusion of the investigation the EHRS requested the following:
 - a. A repair plan and justification of repairs for renovations to the building; and
 - b. A timeline for the med line area to be renovated including a plan for where the inmates will go to receive their medication during construction.
- The EHRS suggested prioritizing repairs in the areas of most concern to ensure the safety of staff and incarcerated individuals.

Sincerely,



Amy Riordan, MPH
Senior Advisor, EHRS, BCEH



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Robert Goldstein, MD, PhD
Commissioner

February 6, 2026

Matthew Divris, Superintendent
MCI Shirley
P.O. Box 1218
Shirley, MA 01464 (electronic copy)

Re: Plan of Correction Reminder from a Complaint-Based Investigation – MCI Shirley

Dear Superintendent Divris:

The Massachusetts Department of Public Health, Division of Environmental Health Regulations and Standards (EHRS) has not yet received a Plan of Correction (POC) in response to my complaint-based investigation on December 1, 2025. Please submit your POC to my attention at the address above. If you have any questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Riordan".

Amy Riordan, MPH
Senior Advisor, EHRS, BCEH

Cc: Steven Hughes, Director, EHRS, BCEH

(electronic copy)



The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction

MCI Shirley
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MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

GINA K. KWON
Secretary

SHAWN P. JENKINS
Commissioner

February 13, 2026

Amy Riordan, MPH
Massachusetts Department of Public Health
67 Forest Street, Suite #100
Marlborough, MA 01752

RE: Response to Plan of Correction from a Complaint-Based Investigation – MCI Shirley

Dear Senior Advisor Riordan,

Please find enclosed the MCI Shirley plan of correction to address deficiencies noted during your investigation on December 1, 2025 correspondence.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

Matthew Divris
Superintendent

MD/lq

CC: Mark Richard, Deputy Superintendent
James Mitchell, Deputy Superintendent
Amanda Czerwinski, ACA Coordinator
File

Corrective Action Plan

Area: Health Services Unit (HSU) – Medication Line Area

Deficiency: Deteriorated flooring requiring immediate repair as identified during DPH inspection

Issue Identification

During a recent Department of Public Health (DPH) inspection, the flooring in the HSU medication line area was cited as requiring immediate repair due to its condition. Prior to the inspection, the Department of Resource Management (DRM) had already identified this area as needing repair and incorporated it into a broader HSU flooring repair plan based on priority and available resources.

Interim Safety Measures

Until permanent repairs are completed, the following interim measures will be implemented to ensure safety and minimize risk:

- Daily inspections of the medication line flooring by HSU staff to identify any worsening conditions.
- Immediate reporting of hazards (e.g., cracks, lifting, or uneven surfaces) to DRM.
- Use of temporary floor coverings or safety markings in any areas posing a trip or infection-control risk.

Corrective Action

DRM developed a phased repair plan for the HSU, prioritizing living areas due to higher resident occupancy and continuous use. These repairs are currently underway.

- **Phase 1:** Completion of HSU living area flooring repairs
 - Estimated completion: **2–3 months**
- **Phase 2:** Repair and replacement of flooring in the HSU medication line area
 - Work will begin immediately following completion of Phase 1
 - Repairs will meet all applicable safety, infection control, and DPH standards

Expected Outcome

Upon completion, the HSU medication line area will have fully repaired flooring that complies with DPH requirements, eliminates safety hazards, and supports proper infection control practices.

Assisted Daily Living

Deficiencies under the Required Standards (.100 and .200 series)

3 new deficiencies and 2 repeat deficiencies (indicated by an *) were found during the inspection:

1. ADL Inmate Bathroom #1041
Hygiene Supplies at Toilet and Handwash Sink: No toilet paper
Corrected 12/02/25 Runner supplied toilet paper.
2. ADL ADL Dorm Shower Room # 1039
Maintenance: Shower seat damaged
MAINT to replace or repair shower seat by 02/27/26.
3. ADL ADL Dorm Shower Room # 1039
Maintenance: Rubber strip on floor at entrance to shower damaged
MAINT to replace rubber stripping by 02/27/26.
4. ADL ADL Dorm Shower Room # 1039
Maintenance: Black chair dirty
Corrected 12/02/25 Runner cleaned chair.
5. ADL ADL Dorm Shower Room # 1039
Hygiene Supplies at Toilet and Handwash Sink: No paper towels at handwash sink
Corrected 12/02/25 Runner supplied paper towels.

Deficiencies under the Recommended Standards (.300 series)

1 new deficiency and 5 repeat deficiencies (indicated by an *) were found during the inspection:

1. ADL Cell #1A
Interior Maintenance: Ceiling vent dusty
MAINT HVAC to clean ceiling vent by 02/27/26.
2. Med Line Area
Structural Maintenance: Exterior door not rodent-proof and weathertight
MAINT to apply weather stripping by 02/27/26.
3. Med Line Area
Interior Maintenance: Floor tiles uneven throughout Med Line Area
MAINT to replace damaged floor tiles by 02/27/26.
4. Med Line Area
Interior Maintenance: Walls dirty throughout Med Line Area
Corrected 12/02/25 Runner cleaned / disinfected walls throughout area.
5. Med Line Area
Interior Maintenance: Wall damaged at entrance to Med Line Area
MAINT to repair damaged wall by 02/27/26.
6. Med Line Area
Interior Maintenance: Door frame rusted
MAINT to cut rust & weld door frame by 02/27/26.

Deficiencies under the Recommended Standards (.300 series)

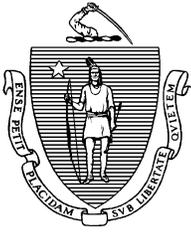
1 new deficiency and 5 repeat deficiencies (indicated by an *) were found during the inspection:

1. ADL Cell #1A
Interior Maintenance: Ceiling vent dusty
MAINT HVAC to clean ceiling vent by 02/27/26.
2. Med Line Area Structural Maintenance: Exterior door not rodent-proof and weathertight
MAINT to apply weather stripping by 02/27/26.
3. Med Line Area Interior Maintenance: Floor tiles uneven throughout Med Line Area
MAINT to replace damaged floor tiles by 02/27/26.
4. Med Line Area Interior Maintenance: Walls dirty throughout Med Line Area
Corrected 12/02/25 Runner cleaned / disinfected walls throughout area.
5. Med Line Area Interior Maintenance: Wall damaged at entrance to Med Line Area
MAINT to repair damaged wall by 02/27/26.
6. Med Line Area Interior Maintenance: Door frame rusted
MAINT to cut rust & weld door frame by 02/27/26.

Deficiencies under 105 CMR 451.402(B) (other conditions that may constitute a threat to health or safety)

1 new deficiency was found during the inspection:

1. Med Line Area Dorm Room # 128
Packaging, Labeling, and Shipping: Biological waste containers were used for solid municipal waste. Standard is found in 105 CMR 480.300(A)
Corrected 12/02/25 staff was directed to stop using Biological waste containers for solid municipal waste and instructed on proper disposal methods.



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February 20, 2026

Matthew Divris, Superintendent
MCI Shirley
P.O. Box 1218
Shirley, MA 01464 (electronic copy)

Re: Complaint-Based Investigation POC Reply – MCI Shirley

Dear Superintendent Divris:

The Massachusetts Department of Public Health, Division of Environmental Health Regulations and Standards (EHRS) has received your Plan of Correction in response to my complaint-based investigation on December 1, 2025. After review, the EHRS finds the plan addresses all the deficiencies noted.

Thank you for your prompt attention to this matter, should you have any questions please contact me at the address listed above.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Riordan".

Amy Riordan, MPH
Senior Advisor, EHRS, BCEH

Cc: Mark Richards, Deputy Superintendent
Corey Hopkins, EHSO

(electronic copy)
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