



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

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

5 Randolph Street
Canton, MA 02021
Phone: 617-624-5454

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

April 29, 2025

To: Shawn Jenkins, Commissioner, Department of Corrections (electronic copy)
Kathleen E. Walsh, Secretary, Executive Office of Health and Human Services (electronic copy)
Clerk, Massachusetts House of Representatives (electronic copy)
Clerk, Massachusetts Senate (electronic copy)
Christopher Petrucci, Captain of Operations (electronic copy)

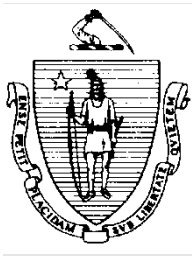
Greetings,

Pursuant to 105 CMR 451.403, please find the inspection report for Plymouth County Correctional Facility, the Plan of Correction (POC) from the facility, and the POC acceptance letter from the Division of Environmental Health Regulations and Standards (EHRS).

Sincerely,

Nicholas Gale
Environmental Analyst, EHRS, BCEH

Cc: Robert Goldstein, MD, PhD, Commissioner, DPH (electronic copy)
Terrence Reidy, Secretary, Executive Office of Public Safety and Security (electronic copy)
Karen Keane, Health Director, Plymouth Board of Health (electronic copy)
Brianna Arruda, Director, Policy Development and Compliance Unit (electronic copy)
Antone Moniz, Superintendent (electronic copy)
Kevin DiMarzio, ADS of Operations (electronic copy)



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March 17, 2025

Joseph D. McDonald, Jr., Sheriff
Plymouth County Correctional Facility
26 Long Pond Road
Plymouth, MA 02360 (electronic copy)

Re: Facility Inspection – Plymouth County Correctional Facility

Dear Sheriff McDonald:

The Massachusetts Department of Public Health (Department) Division of Environmental Health Regulations and Standards (EHRS) conducted an inspection of the Plymouth County Correctional Facility on February 27 and 28, 2025 accompanied Kevin DiMarzio, ADS of Operations and Jennifer Keegan, Environmental Health and Safety Officer, in accordance with Department regulations 105 CMR 451.000: Minimum Health and Sanitation Standards and Inspection Procedures for Correctional Facilities.

The inspection identified 45 total deficiencies: 28 deficiencies under the Required Standards (.100 and .200 series), 1 repeat deficiencies under the Required Standards, 13 deficiencies under the Recommended Standards (.300 series), 2 repeat deficiencies under the Recommended Standards, and 1 deficiency under 105 CMR 451.402(B) (other conditions that may constitute a threat to health or safety).

Overview

Section 1 provides details of all deficiencies, including repeat deficiencies, found during the inspection. These are categorized by Required Standards, Recommended Standards, or additional applicable regulatory standards.

Section 2 provides information on areas that EHRS found to be compliant.

Section 3 documents the areas that EHRS did not inspect.

Section 4 provides information on submitting a Plan of Correction for the identified deficiencies.

Section 5 outlines observations and recommendations related to the inspection.

SECTION 1: Health and Safety Deficiencies

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

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

1.	Front Lobby	Female Bathroom		105 CMR 451.126	Hot Water for Bathing and Hygiene: Hot water temperature 136°F at handwash sink
2.	Food Service Area	Kitchen Area	FWE Warming Units	105 CMR 451.200	Maintenance and Operation, Equipment: Equipment not maintained in a state of good repair, exterior food temperature measuring device not working on FWE Warming Unit # 3. Standard found in 105 CMR 590; FC 4-501.11(A).
3.	Booking	Showers		105 CMR 451.123	Maintenance: Floor dirty in shower # 1
4.	Booking	Showers		105 CMR 451.123*	Maintenance: Floor paint damaged in shower # 2
5.	Booking	Kitchenette		105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave oven dirty
6.	Cell Blocks/Pods	A1	Bathroom	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, water continuously running at sink # 3
7.	Cell Blocks/Pods	B Unit - First Floor	BS101 - Bathroom	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, water continuously running at sink # 5
8.	Cell Blocks/Pods	DN1	Showers - 1st Floor	105 CMR 451.123	Maintenance: Floor surface damaged outside showers
9.	Cell Blocks/Pods	E1	Showers	105 CMR 451.123	Maintenance: Soap scum on walls in shower # 3, 4, 5, and 6
10.	Cell Blocks/Pods	FN1	Showers - 1st Floor	105 CMR 451.123	Maintenance: Floor surface damaged outside showers
11.	Cell Blocks/Pods	FS1	Showers - 1st Floor	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, shower # 1 leaking
12.	Cell Blocks/Pods	FS1	Showers - 1st Floor	105 CMR 451.123	Maintenance: Floor surface damaged outside showers
13.	3rd Floor	Main Hallway	Staff Bathroom # 3009	105 CMR 451.126	Hot Water for Bathing and Hygiene: Hot water temperature 97°F at handwash sink
14.	3rd Floor	Main Hallway	Break Room # 3008	105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave oven dirty
15.	3rd Floor	C3	Showers	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, shower # 5, 6, 7, and 9 leaking
16.	3rd Floor	DN3	Showers – 1st Floor	105 CMR 451.123	Maintenance: Floor tiles damaged outside showers

17. 3rd Floor	E3	Showers	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, shower # 1, 3, 5, 6, 8, and 9
18. 3rd Floor	FS3	Showers – 1st Floor	105 CMR 451.123	Maintenance: Curtain dirty in shower # 3

Deficiencies under the Recommended Standards (.300 series)

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

1. Cell Blocks/Pods	C1	Recreation Deck	105 CMR 451.353	Interior Maintenance: Ceiling tiles water stained above Recreation Deck door
2. Cell Blocks/Pods	DS1	Cells	105 CMR 451.353	Interior Maintenance: Ceiling surface damaged in cell # 201
3. G Block	GE North	Cells	105 CMR 451.353	Interior Maintenance: Wall vent blocked in cell # 212, 214, and 218
4. G Block	GW South	Cells	105 CMR 451.353	Interior Maintenance: Wall vent blocked in cell # 106 and 205
5. 3rd Floor	C3	Cells	105 CMR 451.353	Interior Maintenance: Wall surface damaged in cell # 416
6. 3rd Floor	DN3	Cells	105 CMR 451.353	Interior Maintenance: Ceiling paint damaged in cell # 304, 305, and 307
7. 3rd Floor	DS3	Cells	105 CMR 451.353	Interior Maintenance: Ceiling surface damaged in cell # 302
8. 3rd Floor	FN3	Cells	105 CMR 451.353	Interior Maintenance: Ceiling paint damaged in cell # 305
9. Cell Blocks/Pods: C1, C3, E1, E3, H1, H3, GE South, GE North, GW North			105 CMR 451.321*	Cell Size: Inadequate floor space, cells double bunked
10. Cell Blocks/Pods: DN1, DS1, FS1, FN1, DN3, DS3, FS3, FN3			105 CMR 451.322*	Cell Size: Inadequate floor space in dorm cells

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. HSU	Nurse's Station # M106	105 CMR 451.402(B)	Tracking Medical or Biological Waste for Treatment: Generator did not confirm the shipment was received by the treatment facility within 30 days on an approved tracking form. Standard found in 105 CMR 480.425(A). **Corrected On-Site**
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SECTION 2: Areas Found to be in Compliance

EHRS inspected 319 additional areas of the facility which were found to be in compliance.

Section 3: Areas EHRS did not inspect

EHRS inspected all areas of the facility.

SECTION 4: 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. The plan should be signed by the Superintendent or Administrator and submitted to my attention, at the address listed above.

SECTION 5: Observations and Recommendations

1. The inmate population was 991 at the time of inspection.

To review the specific regulatory requirements please visit our website at www.mass.gov/dph/dcs and click on "Correctional Facilities" [105 CMR 451.000](#) is available in both PDF and RTF formats. For more specific information about the food standards, you can download the merged food code, which can be found [here](#).

An inspection may also include observations of other conditions which could constitute a threat to the health or safety of inmates or employees, including but not limited to the standards set forth by the Department as follows, and report on such pursuant to 451.402(B). You can use these links below to review these standards:

- [105 CMR 205.000](#): Minimum Standards Governing Medical Records and Conduct of Physical Examinations in Correctional Facilities
- [105 CMR 480.000](#): Minimum requirements for the Management of Medical or Biological Waste
- [105 CMR 500.000](#): Good Manufacturing Practices for Food

This inspection report is true and accurate to the best of my knowledge.

Sincerely,



Nicholas Gale
Environmental Analyst, EHRS, BCEH



The Commonwealth of Massachusetts

County of Plymouth
Sheriff's Office
Plymouth County Correctional Facility

26 Long Pond Road
Plymouth, MA 02360
Telephone (508) 830-6200
Fax (508) 830-6201
www.pcsdma.org



Joseph D. McDonald, Jr
Sheriff

Gerald C. Pudolsky
Special Sheriff

Accredited by:



April 7, 2025

Nicholas Gale
Environmental Health Inspector, CSP, BEH
Department of Public Health
Bureau of Climate and Environmental Health
Division of Environmental Health Regulations and Standards
5 Randolph Street
Canton, MA 02021

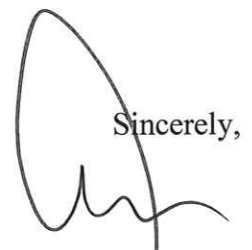
Dear Inspector Gale:

I am in receipt of the inspection report dated March 17, 2025 of the audit conducted of the Plymouth County Correctional Facility on February 27 and 28, 2025.

Enclosed, in accordance with Section 451.404 of the regulations, I have indicated a response to each entry on the Report of Condition and our plan of corrective actions.

As in the past, we found the audit to be helpful and the auditor to be professional.

Sincerely,



Antone Moniz
Superintendent



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
5 Randolph Street, Canton, MA 02021
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Section 5 outlines observations and recommendations related to the inspection.

SECTION 1: Health and Safety Deficiencies

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

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

1.	Front Lobby	Female Bathroom		105 CMR 451.126	Hot Water for Bathing and Hygiene: Hot water temperature 136°F at handwash sink
Corrective Action					Date
Replaced mixing valve					2/28/2025
2.	Food Service Area	Kitchen Area	FWE Warming Units	105 CMR 451.200	Maintenance and Operation, Equipment: Equipment not maintained in a state of good repair, exterior food temperature measuring device not working on FWE Warming Unit # 3. Standard found in 105 CMR 590; FC 4-501.11(A).
Corrective Action					Date
Warmer #3 was repaired and back in operation					3/17/2025
3.	Booking	Showers		105 CMR 451.123	Maintenance: Floor dirty in shower # 1
Corrective Action					Date
Shower cleaned that day.					2/27/2025
4.	Booking	Showers		105 CMR 451.123*	Maintenance: Floor paint damaged in shower # 2
Corrective Action					Date
Contractor Prime Coat to refinish shower area.					6/1/2025
5.	Booking	Kitchenette		105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave oven dirty
Corrective Action					Date
Microwave cleaned that day.					2/27/2025
6.	Cell Blocks/Pods	A1	Bathroom	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, water continuously running at sink # 3
Corrective Action					Date
Replaced faucet					2/28/2025
7.	Cell Blocks/Pods	B Unit - First Floor	BS101 - Bathroom	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, water continuously running at sink # 5
Corrective Action					Date
Replaced faucet					2/28/2025

8.	Cell Blocks/Pods	DN1	Showers - 1st Floor	105 CMR 451.123	Maintenance: Floor surface damaged outside showers
Corrective Action					Date
Contractor Prime Coat to refinish shower area.					6/1/2025
9.	Cell Blocks/Pods	E1	Showers	105 CMR 451.123	Maintenance: Soap scum on walls in shower # 3, 4, 5, and 6
Corrective Action					Date
Showers were cleaned that day.					2/28/2025
10.	Cell Blocks/Pods	FN1	Showers - 1st Floor	105 CMR 451.123	Maintenance: Floor surface damaged outside showers
Corrective Action					Date
Contractor Prime Coat to refinish shower area.					6/1/2025
11.	Cell Blocks/Pods	FS1	Showers - 1st Floor	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, shower # 1 leaking
Corrective Action					Date
Replaced shower valves					2/28/2025
12.	Cell Blocks/Pods	FS1	Showers - 1st Floor	105 CMR 451.123	Maintenance: Floor surface damaged outside showers
Corrective Action					Date
Contractor Prime Coat to refinish shower area.					6/1/2025
13.	3rd Floor	Main Hallway	Staff Bathroom # 3009	105 CMR 451.126	Hot Water for Bathing and Hygiene: Hot water temperature 97°F at handwash sink
Corrective Action					Date
Replaced 1st floor boilers mixing valve					2/28/2025
14.	3rd Floor	Main Hallway	Break Room # 3008	105 CMR 451.200	Food Storage, Preparation and Service: Food preparation not in compliance with 105 CMR 590.000, interior of microwave oven dirty
Corrective Action					Date
Microwave cleaned that day.					2/28/2025
15.	3rd Floor	C3	Showers	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, shower # 5, 6, 7, and 9 leaking
Corrective Action					Date
Replaced shower valves					2/28/2025
16.	3rd Floor	DN3	Showers – 1st Floor	105 CMR 451.123	Maintenance: Floor tiles damaged outside showers
Corrective Action					Date
Floor tiles replaced.					3/21/2025

17. 3rd Floor	E3	Showers	105 CMR 451.130	Plumbing: Plumbing not maintained in good repair, shower # 1, 3, 5, 6, 8, and 9
Corrective Action				Date
Replaced shower valves				2/28/2025
18. 3rd Floor	FS3	Showers – 1st Floor	105 CMR 451.123	Maintenance: Curtain dirty in shower # 3
Corrective Action				Date
Shower curtain replaced				2/28/2025

Deficiencies under the Recommended Standards (.300 series)

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

1. Cell Blocks/Pods	C1	Recreation Deck	105 CMR 451.353	Interior Maintenance: Ceiling tiles water stained above Recreation Deck door
Corrective Action				Date
Changed ceiling tiles				3/1/2025
2. Cell Blocks/Pods	DS1 (DN1)	Cells	105 CMR 451.353	Interior Maintenance: Ceiling surface damaged in cell # 201 (101)
Corrective Action				Date
Ceiling crack was repaired and painted.				4/5/2025
3. G Block	GE North	Cells	105 CMR 451.353	Interior Maintenance: Wall vent blocked in cell # 212, 214, and 218
Corrective Action				Date
Vents in cells #212, 214, and 218 unblocked that day.				2/27/2025
4. G Block	GW South	Cells	105 CMR 451.353	Interior Maintenance: Wall vent blocked in cell # 106 and 205
Corrective Action				Date
Vents in cells #106, and 205 unblocked that day.				2/27/2025
5. 3rd Floor	C3	Cells	105 CMR 451.353	Interior Maintenance: Wall surface damaged in cell # 416
Corrective Action				Date
Damaged area scraped and repainted.				3/22/2025
6. 3rd Floor	DN3	Cells	105 CMR 451.353	Interior Maintenance: Ceiling paint damaged in cell # 304, 305, and 307
Corrective Action				Date
Damaged areas scraped and repainted.				3/22/2025
7. 3rd Floor	DS3	Cells	105 CMR 451.353	Interior Maintenance: Ceiling surface damaged in cell # 302
Corrective Action				Date
Damaged area scraped and repainted.				3/22/2025

8.	3rd Floor	FN3	Cells	105 CMR 451.353	Interior Maintenance: Ceiling paint damaged in cell # 305
Corrective Action					Date
Ceiling scraped and repainted .					3/22/2025
9.	Cell Blocks/Pods: C1, C3, E1, E3, H1, H3, GE South, GE North, GW North			105 CMR 451.321*	Cell Size: Inadequate floor space, cells double bunked
Corrective Action					Date
The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk.					03/25/2025
10.	Cell Blocks/Pods: DN1, DS1, FS1, FN1, DN3, DS3, FS3, FN3			105 CMR 451.322*	Cell Size: Inadequate floor space in dorm cells
Corrective Action					Date
The repeated references in the inspection report to bunks do not paint an accurate picture, as a great many of the bunks are empty. The relevant provisions of the Code of Massachusetts Regulations provide for space per "occupant," not space per bunk.					03/25/2025

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.	HSU	Nurse's Station # M106	105 CMR 451.402(B)	Tracking Medical or Biological Waste for Treatment: Generator did not confirm the shipment was received by the treatment facility within 30 days on an approved tracking form. Standard found in 105 CMR 480.425(A). **Corrected On-Site**
Corrective Action				Date
Stericycle sent an updated manifest.				3/03/2025

SECTION 2: Areas Found to be in Compliance

EHRS inspected 319 additional areas of the facility which were found to be in compliance.

Section 3: Areas EHRS did not inspect

EHRS inspected all areas of the facility.

SECTION 4: 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. The plan should be signed by the Superintendent or Administrator and submitted to my attention, at the address listed above.

SECTION 5: Observations and Recommendations

1. The inmate population was 991 at the time of inspection.

To review the specific regulatory requirements please visit our website at www.mass.gov/dph/dcs and click on "Correctional Facilities" [105 CMR 451.000](#) is available in both PDF and RTF formats. For more specific information about the food standards, you can download the merged food code, which can be found [here](#).

An inspection may also include observations of other conditions which could constitute a threat to the health or safety of inmates or employees, including but not limited to the standards set forth by the Department as follows, and report on such pursuant to 451.402(B). You can use these links below to review these standards:

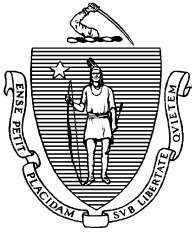
- [105 CMR 205.000](#): Minimum Standards Governing Medical Records and Conduct of Physical Examinations in Correctional Facilities
- [105 CMR 480.000](#): Minimum requirements for the Management of Medical or Biological Waste
- [105 CMR 500.000](#): Good Manufacturing Practices for Food

This inspection report is true and accurate to the best of my knowledge.

Sincerely,



Nicholas Gale
Environmental Analyst, EHRS, BCEH



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April 29, 2025

Joseph D. McDonald, Jr., Sheriff
Plymouth County Correctional Facility
26 Long Pond Road
Plymouth, MA 02360 (electronic copy)

Re: Plan of Correction - Plymouth County Correctional Facility

Dear Sheriff McDonald:

The Massachusetts Department of Public Health, Division of Environmental Health Regulations and Standards (EHRS) has received your Plan of Correction in response to my inspection on February 27 and 28, 2025. After review, the EHRS finds the plan addresses all the deficiencies noted in the report with the following exception:

In regards to the issue of cell size, the EHRS remains concerned with the inadequate square footage.

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

Sincerely,

Nicholas Gale
Environmental Analyst, EHRS, BCEH

cc: Antone Moniz, Superintendent
Kevin DiMarzio, ADS of Operations
Christopher Petrucci, Captain of Operations

(electronic copy)
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