



Commonwealth of Massachusetts

OFFICE OF THE SHERIFF

COUNTY OF WORCESTER
JAIL AND HOUSE OF CORRECTION
5 PAUL X. TIVNAN DRIVE
WEST BOYLSTON, MASSACHUSETTS 01583
TELEPHONE: 508 854-1800
FAX: 508 856-0465
TTY: 508 854-1888

LEWIS G. EVANGELIDIS
SHERIFF

October 11, 2016

To: David Tuttle, Superintendent
From: Jason Rives, Esq., Assistant Superintendent
Re: Mortality Review of [REDACTED]

FINAL REPORT

I. OVERVIEW

Pursuant to Worcester County Sheriff's Office policy 932.17, "Guidelines for Serious Illness, Injury or Death," a Mortality Review will be held regarding the death of Inmate [REDACTED] [REDACTED] (ATTACHMENT A – POLICY)

II. INTRODUCTION

[REDACTED] (DOB: [REDACTED]) was being held on charges of Robbery +60 Unarmed and Larceny of a Drug. He was committed to this agency on July 15, 2016 by the Honorable Judith Fabricant out of the Worcester Superior Court. (Docket # [REDACTED]) (ATTACHMENT B- MITT / CONTENTS OF SIX PART FOLDER)

III. INITIAL MEDICAL COMPLAINTS

After being incarcerated for approximately one month, [REDACTED] was reassigned from H-112 to the DOL for observation on August 13, 2016. (ATTACHMENT C – SANTON Report #00081907). [REDACTED] reported that he was experiencing slurred speech and that his foot had been numb for over an hour. He also reported other symptoms to include nausea and dizziness. He felt as though he may be at risk for seizure, stating his last one had been 3 months ago. [REDACTED] was placed on a Medwatch by Dr. Andrewes.

Later in the day, [REDACTED] symptoms persisted with slurred speech and an inability to move his face. He was subsequently sent to the outside hospital for “possible stroke.”¹ (ATTACHMENT D – JOUBERT Report 00081910). [REDACTED] stayed in the hospital for two days and was returned to WCSO.

On August 23, 2016, after previously being cleared and returned from the hospital, [REDACTED] had a medical emergency in the H-Building. [REDACTED] was observed hunched over on the floor covered in coffee and blood. He had a laceration to his face, was unsteady on his feet and claimed he had no recollection of falling. [REDACTED] was reassigned to the DOL for observation. (ATTACHMENT E – SALBES Report 00082610). On August 24, 2016, [REDACTED] was cleared from Medwatch and returned to general population.

On August 30, 2016, [REDACTED] was observed on the J-Building dayroom floor, unsteady on his feet and unable to stand up from the table. He was brought to the DOL where he presented with unsteady gait and an inability to use his right hand. During his stay in the DOL, [REDACTED] fell, landing on his face. He continued to report that he “didn’t know what’s wrong” and that he was unable to control his arms. He also presented as disoriented and with slurred speech at times. (ATTACHMENT F – BRANDT Report 00083107).

On September 2, 2016, [REDACTED] was in the J-Building and stated to officers that he fell off of his bunk. He was again moved to the DOL for observations and for neuro assessments. (ATTACHMENT G – SPAFFORD Report # 00083277)

After being moved to A-1 on September 2, 2016, [REDACTED] began to refuse assessments offered from the nursing staff. He refused assessments and treatment on September 3rd, 4th, 5th and 6th. (See CCS Medical Notes)

During Med pass on September 7th, the nurse noticed that [REDACTED] was unable to walk to the door for meds, unable to answer nurse’s questions and claimed he could not hear or see. The nurse noted his “right eye appeared to be crossed inward and his left pupil was fixed and dilated.” Dr.

¹ The dispatcher alert stated he was being sent for seizures.

Andrewes determined that he should be sent to the hospital. (ATTACHMENT H – O’DAY Report # 00083584, CONNOLLY Report # 00083580 and KING Report # 00083668, See also CCS Medical Notes)

On September 8, 2016, at St. Vincent’s hospital ██████ fell when attempting to use the bathroom after his I.V. pole became stuck on the side of the bed. Additional precautions were implemented to prevent further injury to inmates who are hospitalized. (ATTACHMENT I – PORTUONDO Report # 00084033)

IV. DETERIORATION OF CONDITION

On September 13, 2016, ██████ continued to present to medical staff as incoherent and showed an inability to communicate. He would repeatedly tell staff he could not see or hear. Furthermore, ██████ refused to allow the hospital to conduct a lumbar puncture (LP) to help diagnosis his condition(s). Superintendent Tuttle met with Dr. Kahn at St. Vincent’s and gave consent for the LP.² The doctor hoped the LP would provide information about whether he was suffering from Lyme disease, meningitis or another unknown ailment.

In the early hours of September 14, 2016, ██████ began to flail his arms, kick his feet and would not respond to any staff instructions or nurses’ questions. At the direction of medical staff, he was placed into soft restraints and administered a sedative. (ATTACHMENT J – PINGITORE Report # 00083979, TESTA Report #00084135)

Approximately fifteen minutes after being provided a sedative, with ██████ unresponsive, medical staff called a “CODE.” After performing CPR on ██████ for several minutes, medical staff moved him to the Intensive Care Unit (ICU). After arrival to the ICU, ██████ was placed on life support. (ATTACHMENT K – TRAN Report # 00084244 and JOHNSON Report # 00084133)

V. FAMILY NOTIFICATION

² During his hospitalization, Superintendent Tuttle had previously consented to other testing recommended by the treating physician Dr. John.

Following his placement into the ICU, Operations Captain Dennis Dowd contacted this writer in his capacity as Assistant Superintendent of Operations³ to provide an update on [REDACTED] condition, as well as seek information for his next of kin. (ATTACHMENT L – DOWD Report # 00084127) After confirming that there were no immediate decisions to be made regarding [REDACTED] treatment, I went to St. Vincent's hospital where I met with Dr. Minn. He provided an update on [REDACTED] condition and laid out several possibilities regarding his prognosis, ranging from chronic limitations and impairment to possible death.

Later that morning, myself and AS LaPierre did travel to the residence of Ms. [REDACTED] at [REDACTED]. We did provide her with information regarding her son's condition and she agreed to make medical decisions on his behalf. She was also provided information regarding visiting and received approval for several immediate family members to visit without prior approval.

VI. DEATH OF INMATE

On Friday September 16, 2016, in consultation with medical staff, the [REDACTED] family decided to remove him from life support. Inmate [REDACTED] was pronounced dead at 1920 by Doctor Gorthi Ramya. (ATTACHMENT M – LEITAO Report #00084260 and CATHLINE Report # 00084259)

VII. STATE POLICE NOTIFICATION

Prior to the death of [REDACTED] Special Services did contact the Massachusetts State Police to alert them to a possible in custody death, at which point they did an initial investigation. Following the death of [REDACTED] Troopers Glanton and MacDonald did conduct a follow up investigation and completed a preliminary report. They did not suspect homicide or suicide. (ATTACHMENT N – MSP REPORT)

VIII. CISM

³ AS Trainor was on vacation and assigned his responsibilities to AS Rives.

Pursuant to WCSO Policy, under the direction of ADS Ken Hynes, a CISM was completed on all staff members that were present and involved with the death of this inmate. The CISM is confidential and there are no written reports in regards to the meeting.

IX. MORTALITY REVIEW

Pursuant to policy, the mortality review will seek to determine:





