

**Nassau County  
Office of the Comptroller**



**Limited Review of  
Armor Correctional Health Services of New York, Inc.  
Contractual Services for Medical Care at the  
Nassau County Correctional Center**

**GEORGE MARAGOS**

*Comptroller*

**October 17, 2016**

**NASSAU COUNTY**  
**OFFICE OF THE COMPTROLLER**

**George Maragos**  
*Comptroller*

**James A. Garner**  
*Chief Deputy Comptroller*

**Raymond J. Averna, Esq.**  
*Deputy Comptroller – Legal and  
Special Projects*

**Michael A. Scotto, Esq.**  
*Deputy Comptroller – Audit and  
Investigations*

**Carla Hall D’Ambra**  
*Director of Communications*

**Audit Staff**

**JoAnn Greene, MBA, CPA**  
*Director of Field Audit*

**Aurora Scifo, CPA**  
*Assistant Director of Field Audit*

**Janis McDermott**  
*Project Manager*

**Denise Gianotti**  
*Field Auditor III*

**William Holtmeyer**  
*Field Auditor II*

## Executive Summary

---

### **Introduction:**

Armor Correctional Health Services of New York, Inc. (“Armor”) is a physician owned company created to provide comprehensive medical services to patients in jails and prisons. Armor has provided medical services to inmates (inmates include pretrial detainees and sentenced prisoners) at the Nassau County Correctional Center (“Correctional Center”) since June 2011. Armor is responsible for providing medical, mental health, dental and ancillary services to patients incarcerated at the Correctional Center, for operating an onsite medical treatment area and for making appropriate referrals for hospital admission and offsite services not available at the Correctional Center.

The contractual agreement between the County and Armor was initially for the period June 1, 2011 through May 31, 2013. The contract has been extended twice, for the periods June 1, 2013 through May 31, 2015, and for the period June 1, 2015 through May 31, 2017 respectively. Payments to Armor for the period of June 1, 2011 through December 31, 2015 have totaled approximately \$49.7 million.

Prior to the implementation of Armor’s services, medical services at the Correctional Center were provided by the Nassau Health Care Corp.<sup>1</sup> (“NHCC”), currently known as NuHealth. In an effort to achieve improving healthcare by privatizing medical services, in 2009 the County issued a Request for Proposals (“RFP”) for medical services at the Correctional Center. Armor was awarded the contract in 2011. In March 2016, the County issued a new RFP for medical services at the Correctional Center.

### **Purpose:**

The purpose of the audit was to:

- review Armor’s compliance with the terms of their contract with the County for the provision of medical services at the Correctional Center;
- perform a comparative review of the costs of services provided by Armor, and formerly by NHCC; and
- evaluate the quality of health care provided, based on New York State Commission of Correction inquiries.

---

<sup>1</sup> In 1997, Nassau Health Care Corporation, a public benefit corporation of New York State, was created to assume control of the Nassau County Medical Center.

## Executive Summary

---

### **Key Findings:**

- The Correctional Center failed to provide adequate oversight to ensure that Armor was in compliance with its contract with the County. The Correctional Center did not have a medical professional on staff to oversee Armor. They also did not have a physician employed by the County which was contrary to NYS Correction Law. Armor experienced a 60% employee turnover rate at the Correctional Center during 2014-2015. For example, nursing and doctor turnover was at 63.5% and 50% respectively. High turnover rate is of significant concern.
- The lack of a Health Contract Administrator resulted in the Correctional Center failing to assess performance indicators and assess associated penalties as provided for in the contract, including failing to obtain NCCHC accreditation.
- Armor failed to adequately document required employee background and reference checks. When asked, Armor could not produce documentation evidencing that background checks were performed and that employees were cleared for hire. Armor could only provide reference documentation for 6 of 16 (38%) selected employees.
- Armor's manual medical records were inadequate and did not comply with Federal requirements. Armor is using paper forms to record the distribution of medication to patients at the Correctional Center which is inefficient and time consuming and can lead to errors.
- Armor was unable to provide a listing of contractually required medical equipment purchases. If Armor's services are terminated, they will maintain ownership of the medical equipment, possibly affecting the transition of inmate medical care.

### **Key Recommendations:**

- The County should immediately designate a permanent Health Contract Administrator to oversee the quality of care at the Correctional Center. This individual should have also have knowledge of medical billing to ensure claim vouchers are properly reviewed and penalties assessed when appropriate.
- Armor should take immediate steps to hire and retain a quality medical staff.
- Armor should ensure that an audit trail regarding criminal background checks is maintained in its employee files and retain documentation that a complete reference check was performed.
- Armor needs to computerize its records and comply with the recommendation of the New York State Commission of Correction and establish an organized and uniform patient health record. Armor should strengthen its quality control process to assure medical forms are completed thoroughly and are signed, dated and legible.
- The Correctional Center should consult with the County Attorney regarding the status of the medical equipment since the contract is not being renewed.

## Executive Summary

---

\*\*\*\*\*

The matters covered in this report have been discussed with the officials of Armor Correctional Health Services of New York, Inc. and the Sheriff's Department/Nassau County Correctional Center. On August 30, 2016, we submitted a draft report to Armor Correctional Health Services, Inc. and to the Sheriff's Department/Nassau County Correctional Center for their review. Armor provided their response on September 14, 2016. The Sheriff provided his response on October 3, 2016. Their responses and our follow up to their responses are included at the end of this report.

## Table of Contents

---

	<u>Page</u>
<b>INTRODUCTION.....</b>	<b>1</b>
Background.....	1
Audit Scope, Objectives and Methodology .....	5
<b>FINDINGS AND RECOMMENDATIONS .....</b>	<b>7</b>
(1) Armor Experienced 60% Employee Turnover Rate at the Correctional Center During 2014-2015 .....	7
(2) The Correctional Center Does Not Have a Medical Professional on Staff to Oversee the Medical Contractor, Contrary to NYS Correction Law and the Contract Requirement.....	8
(3) Armor Failed to Adequately Document Required Employee Background and Reference Checks.....	9
(4) Armor Has Not Implemented the Current National Standards for Health Services in Correctional Centers and is not in Compliance with its own Policy Requiring Annual Reviews .....	10
(5) The County Reduced Inmate Health Costs an Average of \$8.5 Million Annually, Including Lower Correctional Salaries by Having In-House Medical Services .....	12
(6) Armor’s Medical Records Were Inadequate and Did Not Comply with Federal Requirements .....	14
(7) Correctional Center Failed to Assess Contract Performance Data and Impose Contractually Permitted Penalties on Armor .....	16
(8) Armor was Unable to Provide a Listing of Contractually Required Medical Equipment Purchases.....	17
(9) Offsite Medical Expenses Lacked Review by a County Medical Professional .....	18
(10) Armor’s Key Statistical Reporting Contained Errors .....	19
(11) The State Commission of Correction has Issued Strong Recommendations to Armor after Reviewing the Deaths of Five Patients at the Correctional Center.....	20
<b>Appendix A – Armor Employment Statistics 2014-2015.....</b>	<b>26</b>
<b>Appendix B – Monthly Health Services Report 2013 .....</b>	<b>27</b>
<b>Appendix C – Monthly Health Services Report 2014.....</b>	<b>28</b>
<b>Appendix D – Monthly Health Services Report 2015.....</b>	<b>29</b>
<b>Appendix E – Contractor Performance Indicators and Penalties.....</b>	<b>30</b>
<b>Appendix F – Armor’s Response.....</b>	<b>32</b>
<b>Appendix G – Sheriff’s Response .....</b>	<b>45</b>
<b>Appendix H – Auditor’s Follow-Up Response .....</b>	<b>51</b>

## Introduction

---

### **Background**

The Nassau County Correctional Center (“Correctional Center”) is located in East Meadow, New York, adjacent to the Nassau Health Care Corp. (“NHCC”). As noted in Exhibit I, in 2015 the average inmate population at the Correctional Center was 1,188.<sup>2</sup>

### **Exhibit I**

#### **Nassau County Correctional Center Annual Average Inmate Population**

<b><u>Year</u></b>	<b><u>Average Population</u></b>	<b><u>% Inc/(Dec)</u></b>
2011 *	1,577	---
2012	1,502	(4.8%)
2013	1,294	(13.8%)
2014	1,234	(4.6%)
2015	1,188	(3.7%)

*Note: \* Armor's contract began 6/1/11, 7 month average is displayed above.*

*Source: Nassau County Sheriff's Department*

Each inmate admitted requires certain medical services, including a medical and mental health intake screening within four hours of admission to the Correctional Center. A full health assessment must be performed within seven days of admission.<sup>3</sup> Armor maintains an onsite medical treatment area at the Correctional Center, which includes examination rooms, dental care, patient rooms, a pharmacy area, a medication stock room, nurses’ lounge, medical records room and administrative offices.

In 2015, Armor had 166 staff members work for all or part of the year at the Correctional Center. There were 96 full-time employees and 70 part-time/per diem employees. Armor’s services at the Correctional Center are overseen by a Regional Vice President, an onsite Health Services Administrator, and a Medical Director, all Armor employees. Exhibit II provides statistical data

---

<sup>2</sup> Per Nassau County Office of Management and Budget Monthly County Budget Report for the Period Ending December 31, 2015. The 2015 year-end average includes Nassau County inmates and federal inmates located at the Correctional Center.

<sup>3</sup> Contractual Agreement between Nassau County and Armor, §3. (e).

## Introduction

---

on patients cared for by Armor from the implementation of their contract in 2011 through December 31, 2015.

### Exhibit II

#### **Key Statistical Data Regarding Armor's Health Care Activity at the Nassau County Correctional Center**

<b><u>Description</u></b>	<b><u>2011</u></b>	<b><u>2012</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>	<b><u>2015</u></b>
Sick Call Visits	8,649	15,005	19,322	21,349	17,907
Mental Health Care Encounters	10,323	18,367	18,999	16,408	16,212
14 Day Health Physical Assessments	5,703	9,019	8,166	7,719	7,999
Medical Intake Screenings	5,677	9,347	8,569	9,116	7,610
Health Care Professional Encounters	4,747	5,304	2,263	2,508	6,714
Dental Exams	2,128	3,557	3,401	3,388	3,325
Annual Health Physical Assessments	132	155	176	185	129

*Note: Armor began providing health care services 6/1/11.*

*Source: Armor's Monthly Health Services Reports*

#### Background of Armor Correctional Health Services of New York, Inc.

Armor Correctional Health Services, Inc. (“ACHS”) is a physician owned company established in Miami, Florida in 2004 to provide medical, dental and mental health services to patients in jails and prisons. ACHS’s founder is a physician who currently serves as its President. On March 3, 2011, Armor Correctional Health Service of New York, Inc. (“Armor”) was incorporated as a Florida general business corporation. Exhibit III summarizes Armor’s financial statements from 2013-2015 covering its Medical Services operation at both Nassau County and Niagara County. Armor’s net income for the period ranged from approximately \$1.7 million to \$2.2 million per year. During the three year period, Armor’s net income percentage increased from 13.0% in 2013 to 17.2% in 2015.

In 2015, ACHS provided medical services at 28 jails and correctional facilities located in eight states: Florida, Georgia, Nevada, New York<sup>4</sup>, Oklahoma, South Dakota, Virginia and Wisconsin. The majority of medical facilities managed by AHCS are located in Florida.

---

<sup>4</sup> Armor Correctional Health Medical Services of New York, Inc., another Florida corporation, provides medical services for the Niagara County Jail. However, on October 17, 2015, the Buffalo News reported that Niagara County and Armor would end their contract two months early.

## Introduction

---

### Exhibit III

**Armor Correctional Health Service of New York, Inc.**  
**(Nassau County & Niagara County)**  
**Statement of Income**  
**For Years Ending December 31**

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Healthcare Contract Revenue	\$12,757,646	\$12,731,658	\$12,761,998
Healthcare Contract Costs	<u>11,019,853</u>	<u>10,280,059</u>	<u>10,471,932</u>
Gross Margin	1,737,793	2,451,599	2,290,065
Total Operating Expenses	<u>78,370</u>	<u>413,622</u>	<u>98,535</u>
Income from Operations	1,659,423	2,037,977	2,191,530
Other Income/(Expenses)	(4,538)	0	0
Income Before Provisions for Income Taxes	<u>1,654,885</u>	<u>2,037,977</u>	<u>2,191,530</u>
Provisions for Income Taxes	<u>0</u>	<u>(\$224,626)</u>	<u>\$167</u>
Net Income	<u>\$1,654,885</u>	<u>\$1,813,351</u>	<u>\$2,191,697</u>
Net Income %	<u>13.0%</u>	<u>14.2%</u>	<u>17.2%</u>

*Source: Armor Correctional Health Services Financial Statements.*

*New York Region includes Nassau County Correctional Center and the Niagara County Jail.*

*Corporate overhead is not included in these figures.*

### History and Results of the Contract Award for Privatization of Medical Care at the Correctional Center

Prior to the implementation of Armor's services in 2011, medical services for inmates at the Correctional Center were provided by NHCC. In order to "provide quality and cost effective comprehensive" inmate care, Nassau County issued a Request for Proposals ("RFP") on July 30, 2009. Six bidders submitted sealed proposals which were reviewed by a selection committee.<sup>5</sup> On January 4, 2011, a letter of award was sent to the selected bidder, Armor.

When NHCC provided medical care to inmates, the process involved the inmates being transferred back and forth between NHCC and the Correctional Center for treatment, with transport and

---

<sup>5</sup> The selection committee consisted of representatives of the Office of Management & Budget, Health Department, Office of Mental Health, Sheriff's Department and the Office of the County Attorney.

## Introduction

personnel costs associated with each trip. A goal of the RFP was to prevent/reduce those costs. An increase of care levels inside the Correctional Center was also expected to decrease the cost of NHCC triage and admittance fees for each inmate. The auditors reviewed claims paid for health services provided to the Correctional Center between 2007 and 2015, and categorized the data by the date the service was provided.

Exhibit IV displays how expenses continued to rise from 2007 through 2010, which was the final full year that the Correctional Center's health services were provided by the NHCC. Expenses have declined every year since 2011, which is the first year of Armor's agreement with the County, beginning June 1.

### Exhibit IV

#### Summary of Claims Paid for Health Services Categorized by the Date Service Was Rendered

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Nassau Health Care Corp.	\$23,449,974	\$23,518,242	\$24,001,506	\$25,002,149	\$15,673,847	\$ 5,951,148	\$ 4,728,572	\$ 3,689,129	\$ 1,997,185
Armor Correctional Health	---	---	---	---	6,227,031	11,214,527	11,137,410	10,885,487	11,146,011
Other Vendors	---	16,575	4,500	---	---	46,860	43,430	42,600	56,875
Grand Total	<u>\$23,449,974</u>	<u>\$23,534,817</u>	<u>\$24,006,006</u>	<u>\$25,002,149</u>	<u>\$21,900,878</u>	<u>\$17,212,535</u>	<u>\$15,909,412</u>	<u>\$14,617,216</u>	<u>\$13,200,071</u>
Yearly Percentage Change	---	0.4%	2.0%	4.1%	(12.4%)	(21.4%)	(7.6%)	(8.1%)	(9.7%)

Notes: NHCC payments include utility expenses such as electricity, steam, chilled water, etc.

Other Vendors provided rehabilitation services to patients.

Source: FAMIS Vendor Inquiries, categorized by the date service was incurred.

### Key Provisions of the Contract between Armor and Nassau County for Medical Services at the Correctional Center

The contractual agreement between Nassau County and Armor was dated May 5, 2011 and commenced on June 1, 2011. The original agreement covered the period June 1, 2011 through May 31, 2013. The agreement was subsequently renewed twice, for the periods covering June 1, 2013 through May 31, 2015, and for June 1, 2015 through May 31, 2017, both unanimously passed through the Rules Committee of the County Legislature. The contract provides for an annual amount of base compensation (i.e., \$11,280,005 for the period June 1, 2011 – May 31, 2012) to be paid to Armor on a monthly basis. On an annual basis, the base compensation is increased based on any changes in the Consumer Price Index ("CPI") for medical care expenditures.<sup>6</sup> In addition to the base compensation, the contract provides for the County to pay Armor \$3.64 per diem for each inmate in excess of an average daily population of 1,650.

<sup>6</sup> Consumer Price Index (CPI): Medical Care Expenditure category, for the Northeast Region.

## **Introduction**

---

The contract provides for the costs of offsite medical services to be shared by the County and Armor. The first \$750,000<sup>7</sup> of offsite costs per year are to be paid by the County. Shared costs are calculated using a multi-step process, summarized in brief, after the initial \$750,000, there is a 60% / 40% split, with Armor paying 60%, and the County paying 40% of the offsite costs.

The terms of the contract provide that it may be terminated for any reason by the County upon 30 days of written notification to Armor, or for “cause” by the County immediately upon receipt by Armor of written notice of termination. The contract may also be terminated upon written mutual agreement between the County and Armor.<sup>8</sup> Armor may terminate the agreement if performance becomes impracticable through no fault of its own; this requires at least 60 days written notice.<sup>9</sup>

### **Audit Scope, Objectives and Methodology**

The primary objective of the audit was to review Armor’s compliance with the terms of the contract for the provision of medical services to inmates at the Nassau County Correctional Center. The review covered the period June 1, 2011 through the date of this report.<sup>10</sup> The audit included:

- A review of the cost of the services provided by Armor, with a comparison to the costs incurred during previous years when the Nassau Health Care Corp. provided medical services to the inmates.
- A review of Armor’s compliance with key contract deliverables and an examination of payments to Armor and their supporting documentation.
- An examination of the supporting documentation for the 60%/40% split of the cost of offsite medical services between Armor and Nassau County.
- An assessment of outstanding health care issues at the Correctional Center, including a review of the findings of the New York State Commission of Correction in its reviews of instances of inmate deaths at the Correctional Center during the period June 2011 through June 28, 2016.
- A review of statistical information prepared by Armor to track the health care services provided to inmates, including monthly Health Service Reports (“HSRs”).
- A review of the hiring practices for Armor employees stationed at the Correctional Center onsite medical treatment area and a limited examination of employee personnel records.

---

<sup>7</sup> Under the first amendment to the contract, effective June 1, 2013, the 60%/40% split amount was increased to \$1 million.

<sup>8</sup> Contract for Services between Nassau County and Armor, §14. (a).

<sup>9</sup> Contract for Services between Nassau County and Armor, §14. (b).

<sup>10</sup> In some instances, expenditures for the period 2007 through May 2011, when the Nassau Health Care Corp. was providing medical services to inmates, were reviewed for comparative purposes.

## Introduction

---

The medical services contract between Nassau County and Armor provides for Armor to comply with the requirements of the Nassau County Living Wage Law (“Living Wage Law”).<sup>11</sup> Our review of Armor’s compliance with the Living Wage Law<sup>12</sup> covered the period January 1, 2014 through December 31, 2015. A separate report addressing the Living Wage Law audit findings was issued on July 27, 2016.

We believe our review provides a reasonable basis for the findings and recommendations contained herein.

---

<sup>11</sup> Contract for Services between Nassau County and Armor, §9. (b). and Appendix L.

<sup>12</sup> Nassau County Living Wage Law, Nassau County Miscellaneous Laws, Title 57 (2007) as amended. The purpose of the Law is to ensure that employees of companies that do business with Nassau County earn the living wage, receive health benefits or a health benefit supplement and that eligible employees receive compensated time off.

## Findings and Recommendations

---

### **Audit Finding:**

#### **(1) Armor Experienced 60% Employee Turnover Rate at the Correctional Center During 2014-2015**

While reviewing the 2014-2015 payroll information in order to determine if Armor was in compliance with Nassau County's Living Wage Law, it was noted there were a large number of employees whose payroll status was listed as terminated. As noted below in Exhibit V, Armor had 222 employees that worked at the Correctional Center in either 2014 or 2015, 105 employees worked there in both 2014 and 2015. Significant findings from the analysis are:

- nursing and doctor turnover was 63.5% and 50% respectively;
- the overall staff turnover rate in 2014-2015 was 60%;
- full-time employees accounted for 53% of all workers and had a 53% turnover rate, while part-time/per diem employees accounted for 47% of all workers and had a 68% turnover rate;
- of the five categories of employees identified in Exhibit V, all of the groups had at least a turnover rate of 42%. The group with the lowest turnover was the Mental Health/Pharmacy/Social Work group, while the Nursing group was the highest at 63.5%;
- the Nursing staff consisted of 50% part-time/per diem employees; and
- of the six Social Workers employed during 2014-2015, only one was listed as active as of December 31, 2015, an 83% turnover rate. This was the highest turnover rate of any title with more than one employee. Housekeeper was second at 75%.

Armor's high employee turnover rate is of significant concern as it results in reduced productivity, inefficiency, and increases the risk of error within an organization.

## Findings and Recommendations

### Exhibit V

#### Armor Employment Statistics 2014-2015 Nassau County Correctional Center

	# of Employees Who Worked in 2014-2015	Active Employees			Terminated Employees			Turnover %
		Full-Time	Part-Time/ Per Diem	Total	Full-Time	Part-Time/ Per Diem	Total	
Senior Administration	4	2	0	2	2	0	2	50.00%
Doctors/Dental/Psychiatry	18	6	3	9	4	5	9	50.00%
Nursing	148	32	22	54	42	52	94	63.51%
Mental Health/Pharmacy/Social Work	19	6	5	11	3	5	8	42.11%
Assistants, Clerks, Techs, Other	33	9	4	13	11	9	20	60.61%
<b>Totals</b>	<b>222</b>	<b>55</b>	<b>34</b>	<b>89</b>	<b>62</b>	<b>71</b>	<b>133</b>	<b>59.91%</b>
Full-Time	117	55			62			52.99%
Part-Time/Per Diem	<u>105</u>		34			71		67.62%
	222							
Full Time % of Employees	52.70%							
Part-Time/Per Diem % of Employees	<u>47.30%</u>							
	100.00%							

Source: Armor Payroll Reports

Notes: Active Employees as of 3/21/16

Current or last position and status is listed

### **Audit Recommendation(s):**

Armor should take immediate steps to hire and retain a quality medical staff. We recommend that Armor rely less on part-time/per diem workers and more on full-time employees. Armor should perform exit interviews with employees who resign and analyze the reasons.

### **Audit Finding:**

#### **(2) The Correctional Center Does Not Have a Medical Professional on Staff to Oversee the Medical Contractor, Contrary to NYS Correction Law and the Contract Requirement**

The contract between the County and Armor provides for the designation of a Health Contract Administrator, who is a County employee designated to oversee administration and monitor compliance with this agreement on behalf of the County and the Sheriff's Department.<sup>13</sup>

The contract states: "The Health Contract Administrator shall be responsible for contract compliance through review of all medical billing, written minutes, inmate inpatient and onsite

<sup>13</sup> Contract for Services between Nassau County and Armor, §2. (k).

## **Findings and Recommendations**

---

medical records, all available statistical data including but not limited to the monthly health services reports and any additional information as warranted.”<sup>14</sup>

Although from 2002 through August 2013, the Sheriff’s Department employed a Registered Nurse at the Correctional Center, since then, the jail has been without any medical professional on staff.

NYS Correction Law §501 states that the Board of Supervisors<sup>15</sup> of each County must appoint a reputable physician authorized to practice medicine, as physician to the jail of the County. A County physician should be overseeing Armor’s work and the medical care provided to the Correctional Center’s patients. During the period of the audit, the correctional Center did not have a County physician.

In 2015, the State Commission of Correction requested an amendment to NYS Correction Law §501 to allow Counties to procure the services of a professional corporation or partnership authorized to practice medicine in NYS, for the purpose of providing health services to the inmates of their jails. This bill was introduced in the NYS Senate but failed to advance in the NYS Assembly (S4904).

### **Audit Recommendation(s):**

The County should immediately designate a Health Contract Administrator at the Correctional Center and also appoint the NYS required County physician to oversee the medical care contractor.

### **Audit Finding:**

#### **(3) Armor Failed to Adequately Document Required Employee Background and Reference Checks**

The contract provides that Armor conduct background checks on potential employees, including fingerprinting, at its own expense.<sup>16</sup> Instead, the auditors were advised at the audit entrance conference that the Sheriff’s Department was assisting Armor with this process.

Even with background checks, in February 2016, a nurse, formerly employed by Armor at the Correctional Center, was charged with felony charges after being arrested for allegedly smuggling synthetic marijuana and razors to inmates. The nurse worked for Armor from July through December of 2015.<sup>17</sup>

---

<sup>14</sup> Contract for Services between Nassau County and Armor, §4. (e).

<sup>15</sup> In 1996, the Nassau County Board of Supervisors was replaced by a 19 member Legislature.

<sup>16</sup> Contract for Services between Nassau County and Armor, §10. (c).

<sup>17</sup> As of August 12, 2016, per the District Attorney’s Office, the Armor nurse case is still pending.

## **Findings and Recommendations**

---

In an effort to review Armor's background verification procedures including medical references, the auditors requested to see the employee files of 16 former Armor employees. Armor informed the auditors that all applicants are required to provide fingerprints to the New York State Easy Path Network. The results of the fingerprint check are sent to the Sheriff's Office as they also conduct and complete background checks on other potential employees.

When auditors requested to see the documentation that an employee was cleared, they were informed that a representative from the Sheriff's Office emails Armor and advises if the applicant is cleared to work at the Correctional Center. Armor does not have documentation in the employee's file that they have passed the background check and are cleared to work. Due to lack of Armor documentation (no audit trail paperwork), it cannot be determined if the employee was cleared before or after they began employment.

The auditors also inquired about the references obtained for Armor job applicants for the Correctional Center. Armor only provided references for 6 out of the 16 selected employees (or 38%). Armor indicated that when references were called and positive feedback was provided, it was not consistently documented. Applicants with negative references were not moved through the hiring process.

### **Audit Recommendation(s):**

Armor should:

- a) obtain a clearance document from the Sheriff's Office proving that a potential employee was cleared to work prior to the employee's first day of work;
- b) enhance their background check procedures to ensure that an audit trail from the Correctional Center regarding criminal background checks is maintained in the employee files; and
- c) maintain evidence that a proper and complete reference check was performed.

### **Audit Finding:**

#### **(4) Armor Has Not Implemented the Current National Standards for Health Services in Correctional Centers and is not in Compliance with its own Policy Requiring Annual Reviews**

Armor's Health Services Policies and Procedures should be updated periodically to include updated NCCHC health care standards for jails and prisons. The National Commission on

## Findings and Recommendations

---

Correctional Health Care (“NCCHC”) establishes<sup>18</sup> nationally recognized standards and benchmarks.

In 2014, NCCHC issued an updated volume for accredited facilities. However, Armor has not yet updated its Policies and Procedures to implement these changes. Significant changes in the 2014 NCCHC standards include:

- Four standards classified as important, including standards for Hospital and Specialty Care, have been upgraded to essential.
- A new standard regarding Contraception was added.
- Standards for the Continuous Quality Improvement Program, which is required by the terms of the County's agreement with Armor, have changed materially.
- Suicide Prevention Program terms have been redefined.
- Restraint and Seclusion standards now specify that clinical restraints and seclusion should be ordered only for patients exhibiting behavior dangerous to themselves or others as a result of medical or mental illness.

In addition, Armor’s Health Services Policies & Procedures Manual states “Each policy and procedure in the health care manual is reviewed at least annually, and revised as necessary”.<sup>19</sup> It also provides that each policy and procedure will be reviewed and approved by the Medical Director and Health Services Administrator (“HSA”)<sup>20</sup> to assure compliance with operating procedures of the facility and the referenced standards.

The auditors’ review found:

- Most sections of Armor's Policies and Procedures Manual are dated June 1, 2011. (The only sections showing more recent review and revision are the Formulary<sup>21</sup> section, which was last reviewed in October 2014 and the Procurement/Dispensing of Pharmaceuticals section, which was last reviewed in January 2012.)
- Each section of the Policies and Procedures documents have boxes which should be completed to identify review dates, and list revision dates. All were blank except for the two mentioned above.

---

<sup>18</sup> The NCCHC was established by the American Medical Association as a not-for-profit 501(c)(3) organization which presents recommendations for the management of correctional health services systems for prisons, jails and juvenile confinement facilities, mental health services and opioid treatment programs.

<sup>19</sup> Policies and Procedures section of Armor’s Health Services Policies & Procedures Manual (Section No. J-A-05).

<sup>20</sup> Armor’s Health Services Administrator is an employee designated to ensure that policies are carried out and to serve as the onsite medical administrative manager responsible for the delivery of contract services.

<sup>21</sup> A medication formulary consists of all appropriate, necessary, safe and efficacious medications needed to deliver adequate health care.

## **Findings and Recommendations**

---

- Each section should evidence the Medical Director and HSA's signature, however none of the policies and procedures provided to the auditors had completed “Medical Director” and “HSA” signatures.

### **Audit Recommendation(s):**

Armor should adopt the NCCHC’s nationally recognized 2014 Standards for Health Services for Jails. Armor should comply with its own Policies and Procedures guidelines by keeping them current and documenting that they have been updated and approved.

### **Audit Finding:**

#### **(5) The County Reduced Inmate Health Costs an Average of \$8.5 Million Annually, Including Lower Correctional Salaries by Having In-House Medical Services**

The County has saved money every full year under the Armor contract. Exhibit VI below details the savings of an average of \$6.6 million annually over a four year period under Armor as compared with each year of a four year period under NHCC.

## Findings and Recommendations

---

### Exhibit VI

**Four Year Average**  
**Summary of Claims Paid for Health Services**  
**Categorized by the Date Service Was Rendered**

Year	Medical Services Under NHCC	Year	Medical Services Under Armor
2007	\$17,901,447	2012	\$12,540,484
2008	17,350,914	2013	11,704,432
2009	18,870,085	2014	11,643,260
2010	19,435,565	2015	11,202,886
<u>Average</u>	<u>\$18,389,503</u>	<u>Average</u>	<u>\$11,772,766</u>
		Average Cost Savings	\$6,616,737
			<u>36.0%</u>

*Notes: 1) Contract with Armor began 6/1/11, analysis shows four full years. prior and after Armor's agreement with Nassau County.*

*2) The auditors excluded utility payments, which are paid by NHCC for the Correctional Center and included in the Medical Services NIFS code.*

*Source: FAMIS Vendor Inquiries, categorized by the date service was incurred.*

By having an onsite medical treatment area at the Correctional Center, the need for Correction Officers to accompany inmates being transported and treated at outside facilities has been reduced. Serious conditions and some diagnostic testing still require transport and supervision at hospitals and offsite medical facilities.

As shown in Exhibit VII, Salaries and Wages expense for the Medical Services Unit<sup>22</sup> was \$4,672,675 in 2007. In 2015, the expense was \$2,771,261, a \$1.9 million reduction primarily from lower overtime expense. This represents a decrease of 41% for that period.

---

<sup>22</sup> The Correctional Center's Medical Services Unit (NIFS Index Code CCGEN1320) is the unit where all Correctional Center medical and psychiatric related costs are recorded. Salaries and overtime for associated Correctional Officers are recorded in this cost center.

## Findings and Recommendations

---

### Exhibit VII

**Nassau County Correctional Center**  
**Medical Services Unit Salary and Overtime Expense**  
**2007 - 2015**

<u>Year</u>	<u>Salaries &amp; Wages</u>	<u>% Inc/(Dec)</u>	<u>Overtime Expense</u>	<u>% Inc/(Dec)</u>	<u>Total</u>
2007	\$2,276,311	---	\$2,396,364	---	\$4,672,675
2008	\$3,216,809	41.3%	2,404,883	0.4%	\$5,621,692
2009	\$3,509,103	9.1%	1,584,850	(34.1%)	\$5,093,953
2010	\$3,417,267	(2.6%)	1,609,430	1.6%	\$5,026,697
2011	\$3,311,844	(3.1%)	1,101,394	(31.6%)	\$4,413,238
2012	\$3,256,188	(1.7%)	724,039	(34.3%)	\$3,980,227
2013	\$2,696,970	(17.2%)	952,760	31.6%	\$3,649,730
2014	\$2,549,488	(5.5%)	754,190	(20.8%)	\$3,303,678
2015	\$2,384,449	(6.5%)	386,813	(48.7%)	\$2,771,262
<b>Decrease in Total Expenses 2007 - 2015</b>					<b>\$1,901,413</b>
<b>Percentage Decrease in Total Expenses 2007 - 2015</b>					<b>41%</b>

*Note: Amounts paid are per FAMIS Vendor Summary Inquiries*

The total annual savings from the two sources average \$8.5 million. These savings, however, should be evaluated against the quality of health care provided. Audit Finding #11 summarizes the New York State Commission of Correction recommendations to Nassau County as well as the audit recommendations offered herewith.

### **Audit Recommendation(s):**

An onsite medical treatment area has significant cost benefits if adequate health care is provided. This should be considered when reviewing RFPs for medical services.

### **Audit Finding:**

#### **(6) Armor's Medical Records Were Inadequate and Did Not Comply with Federal Requirements**

As part of the American Recovery and Reinvestment Act of 2009, all public and private healthcare providers and other professionals were required to adopt and demonstrate "meaningful use" of electronic medical records ("EMRs") by January 1, 2014 in order to maintain their existing

## **Findings and Recommendations**

---

Medicaid and Medicare reimbursement levels. “Meaningful use” of electronic health records (“EHRs”) as defined by HealthIT.gov, consists of using digital medical and health records to achieve the following:

- Improve quality, safety, efficiency, and reduce health disparities
- Interact with patients and family
- Advance coordination of medical care
- Maintain privacy and security of patient health information

The auditors noted that three of the five New York State Commission of Correction reports furnished to the auditors, regarding the deaths of Correctional Center inmates, noted deficiencies with the medical records maintained by Armor.

- A report issued by the Commission in September 2015 noted that deficient medical and mental health care provided to a deceased inmate was “compounded by a health record that was unorganized, incomplete, and in selected sections, illegible”.<sup>23</sup>
- A report issued in June 2016 noted that the records did not document a thorough assessment by an Armor doctor and represents inadequate documentation.<sup>24</sup>
- A third report issued in September 2015 noted that multiple Armor healthcare providers failed to maintain proper and organized patient records.<sup>25</sup>

Many electronic record systems prompt the user to complete all necessary observations, testing, documentation etc. regarding each treatment.

The auditors observed that Armor is using paper Medication Administration Record forms to record the distribution of medications to patients at the Correctional Center, which is inefficient and time consuming, and could lead to errors.

### **Audit Recommendation(s):**

We recommend that Armor automate its records and:

- a) immediately comply with Federal Electronic Medical Records Standards;
- b) comply with the recommendation of the New York State Commission of Correction and establish an organized and uniform health record for inmate health and mental health care; and

---

<sup>23</sup> New York State Commission of Correction Final Report in the Matter of the Death of Patient E, an inmate of the Nassau County Correctional Center, September 15, 2015 (patient’s name redacted).

<sup>24</sup> New York State Commission of Correction Final Report in the Matter of the Death of Patient G, an inmate of the Nassau County Correctional Center, June 28, 2016 (patient’s name redacted).

<sup>25</sup> New York State Commission of Correction Final Report in the Matter of the Death of Patient F, an inmate of the Nassau County Correctional Center, September 15, 2015 (patient’s name redacted).

## **Findings and Recommendations**

---

- c) strengthen its quality control process by instituting a review to assure medical forms are completed thoroughly, signed, dated and legible.

### **Audit Finding:**

#### **(7) Correctional Center Failed to Assess Contract Performance Data and Impose Contractually Permitted Penalties on Armor**

The County's contract with Armor contains a section of Performance Indicators and Penalties.<sup>26</sup> There are 27 Performance Indicators that can be tested (See Appendix E).

The largest penalty that could be assessed on Armor, (a penalty of \$5,000 for the first year and double each subsequent year) a total of \$155,000, applied if the NCCHC accreditation<sup>27</sup> is not in place.

Auditors learned that the Nassau Correctional Center waived this as a result of meetings, discussions and email exchanges between the parties pertaining to certain physical plant issues and other related limitations. Neither the Correctional Center nor Armor provided the auditors with written documentation of the waiver, which would have required the County Executive's approval.

The Armor contract<sup>28</sup> provides that Armor provide services in a manner to achieve NCCHC accreditation, and was required to apply for accreditation within 12 months after the commencement.

---

<sup>26</sup> Contract for Services between Nassau County and Armor, Attachment D. (See Appendix E).

<sup>27</sup> The National Commission on Correctional Health Care ("NCCHC") establishes nationally recognized standards and benchmarks.

<sup>28</sup> Paragraph 3(u) of the Contract provides that Armor provide services in a manner designed to achieve NCCHC accreditation, and was required to apply for such accreditation within 12 months after the commencement of the services. Moreover, par. 10 sets forth minimum performance standards for Armor. Specifically, par. 10(a) provides that Armor provides services consistent with "best practices" of the industry. Armor is also responsible to take all actions, necessary or appropriate to provide such services within such standards, including obtaining and maintaining "all approvals, licenses and certifications necessary or appropriate" in connection with the contract. According to the terms of the contract (par. 13), only the County Executive or his duly designated deputy has the authority to waive any of the rights and obligations under the contract, and this waiver must be in advance and in writing.

## **Findings and Recommendations**

---

Three other examples of Performance Indicators and Associated Penalties are:

- Armor could be penalized \$50 per patient if the patient is not seen by a nurse within 72 hours of a sick call request, assuming the patient is made available by security staff.
- Contractor staffing will be maintained at the levels stated in the contract. Failure of this shall result in charging the contractor the hourly/daily rate for each staff member whose position is vacant for each day of the vacancy. This is of concern because of the high turnover rate discussed in Finding #1.
- Contractor will submit 80% of accreditation each quarter or can be fined \$50 for each delinquent report, or \$1,000 for the period that the contract has been in place.

Since the County does not have the contract required Health Contract Administrator, who is required to monitor Armor's performance as Medical Services provider and to review medical statistics and medical records, Armor has not been assessed any performance penalties.

### **Audit Recommendation(s):**

The County should immediately designate a Health Contract Administrator to oversee the medical care contractor at the Correctional Center. This person should review medical records, medical statistics and accreditations to monitor performance indicators. Appropriate penalties should be calculated for each year that Amor was deficient in meeting its contractual commitments and health care levels.

### **Audit Finding:**

#### **(8) Armor was Unable to Provide a Listing of Contractually Required Medical Equipment Purchases**

The contractual agreement between the County and Armor provides for Armor to develop a list of needed medical equipment for the Correctional Center, and its cost, and provide it to the Nassau County Sheriff's Department.<sup>29</sup> Once purchased, Armor was to submit documentation of purchase for reimbursement by the County. The contract states: "All equipment purchased by Contractor (Armor) and reimbursed by the County shall become County property". Both Armor and the Sheriff's Department are not in compliance with the contract regarding the purchase and ownership of Correctional Center medical equipment.

Armor was unable to provide a list of medical equipment and Armor advised the auditors that the list has not been updated since 2011.

---

<sup>29</sup> Contract for Services between Nassau County and Armor, §3. (c).

## **Findings and Recommendations**

---

This is a problem for two reasons:

- a medical professional cannot use the list to determine if the amount and types of equipment are adequate for proper care; and
- if Armor's services are terminated, they will maintain ownership of the medical equipment, possibly affecting the transition of inmate medical care. (In March 2016, the County issued a RFP for medical services with responses due August 31, 2016.)

### **Audit Recommendation(s):**

Armor and the Correctional Center should take the following actions:

- a) Armor should perform an immediate physical inventory of the medical equipment and provide the listing to the Correctional Center.
- b) The Correctional Center should consult with the County Attorney regarding the status of the medical equipment since the contract is not being renewed.

### **Audit Finding**

#### **(9) Offsite Medical Expenses Lacked Review by a County Medical Professional**

Under the terms of the contract, when total charges for outside annual medical care reach \$750,000<sup>30</sup>, the costs are split 60%/40% with the County.<sup>31</sup> The County is responsible for the payment of the first \$750,000, and subsequently, 40% of the costs thereafter, while Armor is responsible for 60%. The County employee who oversaw billing was a Registered Nurse, who left the County in August 2013.

#### **Review of Shared Expense Claim Vouchers for Offsite Medical Services at NHCC**

In 2015, there were 31 claims for inmate offsite services at NHCC totaling \$1,017,353, which were reviewed by Armor before payment was made by the County. A sample of five claim vouchers totaling \$178,085 were selected for review, which found:

- A lack of consistency in the process. One claim examined showed the original amount billed was \$207,178, but after a review by the Sheriff's Department that amount was reduced to \$89,769. Armor then reviewed the claim and further reduced to it to \$77,016<sup>32</sup>. Another claim, showed an actual amount of \$19,701, but after the Sheriff's Department

---

<sup>30</sup> Under the first amendment to the contract, effective June 1, 2013, the 60%/40% split amount was increased to \$1 million.

<sup>31</sup> Contract for Services between Nassau County and Armor, §6. (3).

<sup>32</sup> Claim Voucher No. VDCC 15000195, paid on November 24, 2015.

## **Findings and Recommendations**

---

review the claim was reduced to \$13,779. However, during Armor's review that amount actually increased to \$14,128<sup>33</sup>. When the increase was questioned by the Comptroller's Vendor Claims Unit, a representative from Armor instructed Vendor Claims to pay the lesser amount determined by the Sheriff's Department.

- The name, job title and date of review by the individual reviewing the claim vouchers for Armor was not indicated on the claims.
- Invoices have medical coding, and if not reviewed by a properly qualified individual, the County could be overcharged.

### **Audit Recommendation(s):**

The Correctional Center should hire a Health Contract Administrator as required by the Contract, with extensive knowledge in the medical billing field to help ensure that claim vouchers (excluding monthly base compensation claim vouchers) are reviewed by a medical professional.

### **Audit Finding:**

#### **(10) Armor's Key Statistical Reporting Contained Errors**

Armor staff at the Correctional Center advised the auditors that they maintain manual logs, which are later entered into Excel by employees. This process is time consuming and increases the probability for errors to occur. Armor's accounting records and the production and publishing of key statistical data should be performed at the highest rate of efficiency and accuracy.

The auditors reviewed Armor's monthly Health Services Reports (HSRs) for 2011 through 2015. These reports contain key statistical data regarding the treatment of patients. Information reported include patients treated, numbers of physical illnesses, dental care, mental health encounters, and vaccines administered.

The auditors determined that Armor made errors with the Excel links between the source data and the final reporting page of the HSRs for 2012-2015. When a prior year average column was added on the Excel source data page, the preparer did not adjust the formulas on the reporting page, which resulted in calculation errors. This error began in 2013 in the Infectious Diseases and Vaccines Administered sections of the HSR and continued in 2014 and 2015. See Appendix B for Armor's Monthly Service Reports (highlighted) that contain identical numbers for all three years. These errors were not detected by Armor or the jail. In order to prepare Exhibit II, found in the

---

<sup>33</sup> Claim Voucher No. VDCC 16000050, paid on November 18, 2015.

## **Findings and Recommendations**

---

Introduction of this report (“Key Statistical Data” on patient services), the auditors corrected the erroneously reported data.

The contractual agreement between the County and Armor calls for Armor to provide monthly reports reflecting patients treated, diagnoses, admissions and discharges, mental health encounters, outpatient referrals, dental care, and other key statistical data.<sup>34</sup>

It is important that this data be accurate in order for the Correctional Center to perform a contract compliance review and evaluate Armor’s performance. Armor provided incorrect statistical data to both the Correctional Center and to the Office of Legislative Budget Review (“OLBR”), which in February 2016 provided the Nassau County Legislature with a memorandum regarding Correctional Center inmate health care expenses and statistical reports. The OLBR also noted discrepancies in the statistical reports provided by Armor, which are detailed in their memorandum issued February 22, 2016.

### **Audit Recommendation(s):**

We recommend that Armor:

- a) strengthen its quality control review process; and
- b) improve efficiency and ensure accuracy by installing an electronic record keeping product.

### **Audit Finding:**

#### **(11) The State Commission of Correction has Issued Strong Recommendations to Armor after Reviewing the Deaths of Five Patients at the Correctional Center**

The New York State Commission of Correction (the “Commission”) investigates deaths in correctional facilities in New York State and makes recommendations for improving the delivery of health care to detainees and sentenced offenders.<sup>35</sup>

Since Armor’s contract began providing medical care at the Correctional Center in June 2011, 12 inmates/patients have died.

---

<sup>34</sup> Contractual Agreement between Nassau County and Armor, §4.

<sup>35</sup> The mission of the NYS Commission of Correction is to provide a safe, stable and humane correctional system in New York State. §47 of Article 3, NYS Correction Law, provides the Commission’s Medical Review Board with the power to investigate and review the cause and circumstances surrounding the death of any inmate of a correctional facility.

## Findings and Recommendations

The auditors obtained copies of seven Final Reports from the Commission concerning the deaths of inmates at the Correctional Center while Armor was providing medical services. These deaths occurred between 2011 and 2015. It should be noted that the reports were heavily redacted for confidentiality purposes. In addition, the auditors obtained and reviewed the Commission's reports regarding 18 inmate deaths that occurred between 2004 and May 2011 before Armor began providing medical care at the Correctional Center.

Exhibit VIII summarizes the findings and status of the Commission's reports of the 31 inmates that have died since 2004.

### **Exhibit VIII**

#### **Summary of Nassau County Correctional Center Inmate Deaths and State Commission of Correction Reports**

<u>Description</u>	<u>NHCC/NUMC 2004-2011</u>	<u>ARMOR 2011-2016</u>
Number of Inmate Deaths	18	13
State Commission of Correction Published Reports	18	7
Some Responsibility in Inmates Death per NYS Reports	5	5
No Responsibility in Inmates Death per NYS Reports	13	2
State Commission of Correction Ongoing Investigations	---	6

*Note: Armor's contract with Nassau County began on June 1, 2011*

Of the 18 inmates who died under the care of NHCC, the Commission found that NHCC had some responsibility in five of the inmates' deaths and no responsibility in the other 13 cases.

Of the seven reports issued regarding Armor's medical care, the Commission found that Armor had some responsibility in five instances of inmate deaths. Armor was found to have no responsibility in the other two.

In five of the State Commission of Correction reports to the Sheriff, the recommendations were directed to:

- Armor, County Executive
- Armor, the Sheriff
- Armor, and the Sheriff; the Presiding Officer of the Legislature
- Armor, and the Presiding Officer of the Legislature; and finally
- Armor, the Presiding Officer of the Legislature and the NYS Attorney General's Office

## **Findings and Recommendations**

---

In the last three reports issued by the State Commission of Correction, two stated, “Specific attention shall be directed to Armor’s pattern of failing to properly manage patients chronic medical needs, failing to maintain proper and organized patient records, and failing to provide hospitalization for patients when clinically indicated” and the last stated, “Specific attention shall be directed to Armor’s pattern of failing to properly manage patients chronic and acute medical needs”.

Exhibit IX (a) summarizes the findings and recommendations contained in the State Commission’s final reports issued since 2012.

Exhibit IX (b) summarizes the information obtained regarding the six inmates who died at the Correctional Center in 2016. The Commission has not issued reports concerning these six cases as of August 19, 2016.

## Findings and Recommendations

### Exhibit IX (a)

#### State Commission of Correction Report Summary - Nassau County Correctional Center Reports Issued Since 2004

Report Date	Inmate Name	Date of Death	Cause of Death	State Report Findings	State Report Recommendations
09/18/12	Patient A	06/11/11	Acute Myocardial Infarction	This death occurred 11 days after Armor's contract started with the County. After inmate had chest pains and breathing issues, a physician was not contacted. An RN was not present, putting the LPN's outside their scope of care. LPN's made a diagnosis without an RN or Physician. After a 2nd incident the RN acted with gross incompetence. The RN is no longer employed by Armor.	<ol style="list-style-type: none"> <li>1) Armor should conduct a review of nursing staffing levels to assure an RN is available on the premises for all shifts to provide care to the patients and provide adequate supervision to the LPN's.</li> <li>2) Armor should inquire into the professional conduct of the 3 LPN's who attended to Patient A.</li> <li>3) Armor should review procedures for the medical staff contacting clinicians during off hours, assuring that accurate coverage is in place or take immediate action to transfer a patient to the hospital if necessary.</li> <li>4) The NC Executive should conduct an inquiry into the fitness of Armor as a correctional medical care provider for the NC Correctional Center.</li> </ol>
03/19/13	Patient B	02/24/12	Suicidal Hanging	Armor provided an inadequate evaluation and treatment to Patient B who was an Iraq War Veteran.	<ol style="list-style-type: none"> <li>1) Armor should conduct a quality improvement session on assessing the special health needs of combat veterans who are incarcerated.</li> <li>2) Armor should evaluate the professional conduct of an MD who performed an inadequate psychiatric assessment of a patient.</li> <li>3) The NC Sheriff should ensure that all staff are familiar and comply with policy and procedure CD 06-0404, Public Access Defibrillation.</li> </ol>
09/16/14	Patient C	01/07/13	Acute Hemorrhagic Stroke	This report is almost completely redacted. The only information is a review by Armor reinforcing the fact that patients who cannot be produced for sick call, due to them being away at court, must be scheduled for the clinic the next day.	This case should be closed as a natural death due to a stroke.
09/15/15	Patient D	01/07/12	Asphyxia - compression of the neck during an assault by another inmate	This patient was assaulted by another inmate who was charged with murder as a result of this attack. The medical care in this issue was not a factor in this patient's death.	None required.
09/15/15	Patient E	02/10/14	Cardiac Failure due to hypertensive cardiovascular disease	This patient entered the jail with known histories of traumatic brain injury, seizures, hypertension and mental health diagnoses. Medical & mental health care provided by Armor was deficient resulting in a mismanaged mental health diagnosis, inadequate psychiatric care for his deteriorating behavior, undiagnosed or managed hypertensive cardiovascular disease and inadequate medical management of a seizure disorder. Medical records were unorganized, incomplete or illegible. The Medical Review Board finds that Armor has engaged in a pattern of inadequate and neglectful medical care. One doctor was no longer employed at the time of the investigation. This patient was mentally unstable and violent and was non-compliant with his medication.	<ol style="list-style-type: none"> <li>1) Armor should establish an organized and uniform health record for inmate health and mental health care documentation.</li> <li>2) Armor shall conduct a detailed quality assurance review regarding the medical care and mental health care provided to Patient E.</li> <li>3) Armor should develop an effective system of communication between mental health care team providers, psychiatry and other members of the interdisciplinary team.</li> <li>4) The Sheriff shall review the policy for supervision of inmates to include that security rounds involve checking for the presence of each inmate under their care assuring signs of life.</li> <li>5) The NC Leg should conduct an inquiry into the fitness of Armor as a correctional medical care provider in the NCCC. Specific attention shall be directed to Armor's pattern of failing to properly manage patients chronic medical needs, failing to maintain proper and organized patient records, and failing to provide hospitalization for patients when clinically indicated.</li> </ol>

### Exhibit IX (a) Continued

## Findings and Recommendations

Report Date	Inmate Name	Date of Death	Cause of Death	State Report Findings	State Report Recommendations
09/15/15	Patient F	07/14/14	Cardio respiratory arrest due to laryngeal edema and angioedema	<p>Multiple healthcare providers provided an uncoordinated patient health record.</p> <p>The review board found that Armor failed to recognize Patient F's Hereditary Angioedema and lacked the clinical knowledge to recognize and treat his condition.</p> <p>Patient experienced symptoms in his cell but was listed in 'fair' condition.</p> <p>Patient was not examined by a physician after a 2nd sick call and the medical staff should have considered immediate transfer to a hospital after repeated complaints of edema.</p>	<p>1) Armor shall establish an organized and uniform health record for inmate health and mental health care. A review shall be conducted to assure forms are completed thoroughly, signed, dated and legible and establish a consistent format for all inmate records.</p> <p>2) Armor will review the health care delivery system with consideration of a system that identifies a single case manager for each inmate's care.</p> <p>3) Armor should conduct a quality assurance review of the medical care to Patient F.</p> <p>4) The NC Leg should conduct an inquiry into the fitness of Armor as a correctional medical care provider in the NCCC. Specific attention shall be directed to Armor's pattern of failing to properly manage patients chronic medical needs, failing to maintain proper and organized patient records, and failing to provide hospitalization for patients when clinically indicated.</p>
06/28/16	Patient G	05/02/15	Anoxic encephalopathy following cardio-respiratory arrest due to acute myocardial infarction and atherosclerotic coronary artery disease	<p>Inmate was classified to maximum security with no medical or health override.</p> <p>A lack of written examination in the progress notes by an Armor doctor represents inadequate documentation and does provide evidence that an examination occurred.</p> <p>Had a medical exam and EKG been performed the myocardial infarction may have been identified.</p> <p>After the inmate collapsed, the RN left the scene to get an LPN and left correction officers to perform CPR.</p> <p>This report is heavily redacted for privacy reasons.</p>	<p>1) Armor should review why a thorough assessment was not completed and documented by the physician at the time of admission.</p> <p>2) Armor should review why critical medications were not provided as ordered at the time of admission.</p> <p>3) Armor should review why a crucial diagnostic chest x-ray was not transcribed into the scheduling log and never performed on the patient.</p> <p>4) The NC Leg should conduct an inquiry into the fitness of Armor as a correctional medical care provider in the NCCC. Specific attention shall be directed to Armor's pattern of failing to properly manage patients chronic medical needs and acute medical needs.</p> <p>5) The NYS Attorney General Healthcare Bureau should take notice of this report as part of their review of contracted healthcare providers at local jails in New York State.</p> <p>6) The NYS DOE, Office of Professional Conduct: The Medical Review Board requests an investigation be conducted for professional misconduct of the RN for abandoning a patient in need of immediate medical care.</p>

Source of Data: Foiled by the Nassau County Comptroller's Office

## Findings and Recommendations

---

### Exhibit IX (b)

#### Nassau County Correctional Center 2016 Deaths Under Investigation by the State Commission of Correction - Report Pending

<u>Inmate Name</u>	<u>Date of Death</u>	<u>Cause of Death</u>	<u>Information Available from Media</u>
Patient H	Jan. 2016	Not Available	Inmate was 53 years old. The death of this inmate was only mentioned as a quick reference in the 3/7/16 edition of Newsday while reporting on the death of Patient I. There is no other information online about this incident.
Patient I	03/07/16	Not Available	Inmate was 63 years and had hardening of the arteries which led to a massive heart attack. The family also stated that the inmate had a history of cocaine abuse.
Patient J	03/24/16	Not Available	Inmate was 63 years old and took medicine for high blood pressure. He was treated by Armor and then transferred to the Nassau University Medical Center where he appeared to die from cardiac arrest.
Patient K	06/14/16	Not Available	Inmate was 47 years old and committed suicide by hanging himself in his jail cell. He used a sling that he had for an arm injury suffered in a car accident. Newsday reported that there were issues with the Correctional Center's elevator which made ambulance personnel take an alternate route. A Correctional Center spokesman stated that Armor "provided immediate care prior to the arrival of the ambulance and throughout the resuscitation effort".
Patient L	07/05/16	Not Available	Inmate was 20 years old. News 12 reported that the inmate's family claimed he was denied medical attention. Newsday reported that the inmate had been in custody at the Correctional Center since August 2015 and was hospitalized on June 28th. Due to health privacy laws, no other information is available.
Patient M	09/05/16	Not Available	Inmate was 62 years old. The inmate had been in custody at the Correctional Center on drug charges since August 27, 2016. Armor sent the inmate to the hospital on September 2nd. The Sheriff reported that preliminary indication is that he died of heart failure while at the hospital on September 5th.

Source of Information: Various Newsday and News12 Reports

### Audit Recommendation(s):

The State Commission of Correction has made recommendations and we agree that Armor and the Sheriff should take immediate action with oversight of the Correctional Center. The recommendations are:

- a) conduct a review of nursing staffing levels to assure that a Registered Nurse is available on the premises for all shifts at the Correctional Center to ensure patients' health and safety and to provide adequate supervision of licensed practical nurses;
- b) conduct a quality improvement training session with all mental health staff on assessing the special health needs of combat veterans who are incarcerated; and
- c) establish an organized and uniform health record for inmate health and mental health care. Forms must be completed thoroughly, signed, dated and legible. All forms must be adhered to in order for adequate review by providers in order to deliver accurate care.

## Appendix A

### Armor Employment Statistics 2014-2015

	# of Employees Worked in 2014-2015	Active Employees			Terminated Employees			Turnover %
		Full-Time	Part-Time/ Per Diem	Total	Full-Time	Part-Time/ Per Diem	Total	
<b>Senior Administration</b>								
Health Services Administrator	2	1	0	1	1	0	1	50.00%
Medical Director	2	1	0	1	1	0	1	50.00%
<b>Totals</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>50.00%</b>
<b>Doctors/Dental/Psychiatry</b>								
Dentist	2	1	0	1	0	1	1	50.00%
Physician	4	2	0	2	0	2	2	50.00%
Physician Asst	9	1	2	3	4	2	6	66.67%
Psych PA	1	0	1	1	0	0	0	0.00%
Psychiatrist	1	1	0	1	0	0	0	0.00%
Psychologist	1	1	0	1	0	0	0	0.00%
<b>Totals</b>	<b>18</b>	<b>6</b>	<b>3</b>	<b>9</b>	<b>4</b>	<b>5</b>	<b>9</b>	<b>50.00%</b>
<b>Nursing</b>								
Advance Registered Nurse Pract	8	1	2	3	1	4	5	62.50%
Charge Registered Nurse	19	5	1	6	12	1	13	68.42%
Director of Nursing	3	1	0	1	2	0	2	66.67%
Director of Nursing Assistant	1	1	0	1	0	0	0	0.00%
Licensed Practical Nurse	67	22	5	27	20	20	40	59.70%
Registered Nurse	50	2	14	16	7	27	34	68.00%
<b>Totals</b>	<b>148</b>	<b>32</b>	<b>22</b>	<b>54</b>	<b>42</b>	<b>52</b>	<b>94</b>	<b>63.51%</b>
<b>Mental Health/Pharmacy/Social Work</b>								
Mental Health Clerk	2	1	0	1	0	1	1	50.00%
Mental Health Professional	4	3	0	3	1	0	1	25.00%
Pharmacist	2	0	2	2	0	0	0	0.00%
Pharmacy Tech	5	1	3	4	1	0	1	20.00%
Social Wker MA	6	1	0	1	1	4	5	83.33%
<b>Totals</b>	<b>19</b>	<b>6</b>	<b>5</b>	<b>11</b>	<b>3</b>	<b>5</b>	<b>8</b>	<b>42.11%</b>
<b>Assistants, Clerks, Techs, Other</b>								
Administrative Assistant	1	1	0	1	0	0	0	0.00%
Dental Assistant	2	0	1	1	0	1	1	50.00%
Discharge Planner	3	1	0	1	2	0	2	66.67%
Grievance Coordinator	1	1	0	1	0	0	0	0.00%
Housekeeper	4	1	0	1	1	2	3	75.00%
Medical Records Administrator	1	1	0	1	0	0	0	0.00%
Medical Records Clerk	20	4	3	7	7	6	13	65.00%
Unit Clerk	1	0	0	0	1	0	1	100.00%
<b>Totals</b>	<b>33</b>	<b>9</b>	<b>4</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>20</b>	<b>60.61%</b>
<b>Grand Totals</b>	<b>222</b>	<b>55</b>	<b>34</b>	<b>89</b>	<b>62</b>	<b>71</b>	<b>133</b>	<b>59.91%</b>
<b>Full-Time</b>	117	55			62			52.99%
<b>Part-Time/Per Diem</b>	105		34			71		67.62%
	222							
Full Time % of Employees	52.70%							
Part-Time/Per Diem % of Employees	47.30%							
	100.00%							

Notes: Active as of 3/21/16

Current or last position and status is listed

## Appendix B

### Monthly Health Services Report

Nassau County  
2013

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
<b>Population Stats</b>													
Average Daily Population	1335	1330	1312	1295	1320	1337	1311	1282	1296	1281	1216	1185	1292
Intake Screenings	762	607	791	782	798	822	657	612	693	749	650	646	8569
Number Pregnant (Last Day)	1	1	0	0	1	1	2	2	2	4	2	2	18
Births	1	0	0	0	0	0	0	0	1	0	0	0	2
Miscarriages/Fetal Demise	0	0	0	0	0	0	0	0	0	0	0	0	0
Deaths	1	0	0	0	0	0	0	0	0	0	0	0	1
<b>Physicals</b>													
14 Day Health Assessments	764	577	769	644	734	805	636	534	693	749	629	632	8166
Annual Health Assessments	19	10	27	8	21	15	2	6	4	15	26	23	176
<b>On-Site Care</b>													
Sick Call Visits	1443	1278	1565	1792	2321	1929	1928	1780	1552	1180	1004	1550	19322
HCP Encounters	242	314	218	254	118	126	150	123	162	265	152	139	2263
Telemedicine/Telepsych Encounters	0	0	0	0	0	0	0	0	0	0	0	0	0
In-house X-Rays	98	103	110	121	138	139	133	112	108	80	86	111	1339
Infirmary/Medical Housing Admissions	11	38	22	43	17	12	12	27	40	35	30	22	309
<b>Dental Care</b>													
Exams	342	287	277	303	288	293	281	259	301	307	229	234	3401
Fillings	132	97	103	117	111	113	99	95	85	119	89	91	1251
Extractions	80	55	60	71	41	69	61	61	63	72	54	55	742
Dental Clinic Visits	342	287	277	303	288	293	281	259	301	307	229	234	3401
<b>Chronic Care Visits</b>													
Asthma/COPD/Pulmonary	19	37	48	42	19	26	42	14	32	29	26	39	373
Diabetes/Endocrine	18	29	36	33	23	12	16	7	16	9	11	9	219
HIV/AIDs	12	7	11	15	10	15	9	10	10	9	9	11	128
Hypertension/Cardio	41	47	57	64	23	35	37	39	53	38	45	47	526
OB/GYN/Pregnant	2	2	0	1	0	0	2	2	2	4	2	2	19
Seizure/Neurology	8	6	14	7	8	10	12	16	11	8	7	8	115
<b>Infectious Diseases</b>													
MRSA Suspect Cases	3	8	8	4	0	0	1	4	3	3	0	0	34
Confirmed MRSA Cases	1	4	2	0	0	0	1	4	2	3	0	0	17
PPDs Given to Inmates	0	0	2	4	0	0	0	17	5	0	0	0	28
PPDs Given Other	7.75	0	0	2	4	0	0	17	5	0	0	0	35.75
Suspect Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Confirmed Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Chicken Pox Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Gonorrhea Cases	0	2	0	1	1	1	0	1	0	4	0	1	11
Identified Chlamydia Cases	6	2	1	4	6	6	1	2	6	13	3	6	56
Identified Syphilis Cases	0	1	1	0	2	1	1	3	0	3	3	1	16
<b>Vaccines Administered</b>													
Influenza to Inmates	8.083	41	27	8	1	0	0	0	6	38	44	28	201.08
Influenza Other	0.75	0	0	0	1	0	0	0	0	12	8	7	28.75
Hepatitis B to Inmates	4.667	3	2	0	1	8	2	4	8	4	1	6	43.667
Hepatitis B Other	1.167	2	0	0	0	17	8	0	0	0	0	0	45.167
Tetanus	3	2	3	3	0	6	0	0	0	0	1	1	19
Pneumovax	0.333	0	3	1	2	2	3	0	0	2	3	0	16.333
<b>Mental Health</b>													
Psych HCP Encounters	1416	1339	1529	1295	1364	1214	1218	1300	1222	1228	1179	1148	15452
Psych MHP Encounters	296	292	320	311	343	311	273	300	295	302	230	274	3547
Attempted Suicides	0	0	0	0	1	0	0	1	0	0	1	1	4
Completed Suicides	0	0	0	0	0	0	0	0	0	0	0	0	0
State hospital commitments awaiting admission	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Pharmacy</b>													
Patients receiving meds from med carts or pill windows (Last Day)	932	924	1048	987	643	738	752	6.55	940	1068	952	1016	10007
<b>Hospitalizations</b>													
ER Visits	10	10	8	3	9	7	8	16	18	12	6	8	115
Hospital Admissions	24	35	60	26	22	14	21	21	23	20	9	19	294
Total Hospital Days	124	102	85	41	48	46	55	61	49	54	22	65	752
Other Off-Site Referrals	26	22	17	20	27	40	54	53	46	46	52	70	473
<b>Grievances</b>													
Total Grievances	39	35	37	45	61	33	51	45	51	41	41	20	499
Unfounded Grievances	38	33	35	44	60	33	51	0	0	0	41	20	355

## Appendix C

### Monthly Health Services Report

Nassau County  
2014

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
<b>Population Stats</b>													
Average Daily Population	1197	1255	1242	1271	1289	1225	1169	1180	1174	1266	1258	1187	1226
Intake Screenings	863	800	796	873	630	888	687	726	648	884	667	654	9116
Number Pregnant (Last Day)	3	0	3	3	3	2	2	3	1	2	5	2	29
Births	0	1	1	0	1	0	0	0	0	0	0	0	3
Miscarriages/Fetal Demise	0	0	0	0	0	0	0	0	0	0	0	0	0
Deaths	0	1	0	0	0	0	0	0	0	0	0	0	1
<b>Physicals</b>													
14 Day Health Assessments	759	769	754	649	564	721	600	554	543	663	577	566	7719
Annual Health Assessments	8	2	4	4	0	17	4	13	8	0	73	52	185
<b>On-Site Care</b>													
Sick Call Visits	2134	1924	1813	2129	1744	1742	1817	1707	1645	1799	1366	1529	21349
HCP Encounters	89	209	184	251	392	274	235	192	214	207	143	118	2508
Telemedicine/Telepsych Encounters	0	0	0	0	0	0	0	0	0	0	0	0	0
In-house X-Rays	131	113	103	144	119	141	114	97	117	88	103	108	1378
Infirmity/Medical Housing Admissions	23	20	25	22	15	8	23	19	15	11	7	5	193
<b>Dental Care</b>													
Exams	293	273	298	331	281	268	287	260	305	301	231	260	3388
Fillings	109	106	99	95	109	104	111	75	118	80	89	90	1185
Extractions	69	64	71	76	58	63	67	59	71	63	54	58	773
Dental Clinic Visits	293	273	298	331	281	268	287	260	305	301	231	260	3388
<b>Chronic Care Visits</b>													
Asthma/COPD/Pulmonary	43	27	38	44	44	65	31	43	55	41	34	40	505
Diabetes/Endocrine	12	10	16	21	19	20	14	15	18	9	12	12	178
HIV/AIDs	11	8	9	12	12	10	17	14	13	11	12	8	137
Hypertension/Cardio	63	47	60	72	49	71	47	46	60	65	44	42	666
OB/GYN/Pregnant	3	2	1	3	4	2	2	1	1	2	5	2	28
Seizure/Neurology	16	10	13	9	11	15	15	10	13	10	8	9	139
<b>Infectious Diseases</b>													
MRSA Suspect Cases	3	1	2	4	4	4	2	0	3	1	1	1	26
Confirmed MRSA Cases	1	1	2	4	4	4	2	0	3	1	1	1	24
PPDs Given to Inmates	0	0	0	631	0	0	0	0	7	0	5	0	643
PPDs Given Other	7.75	0	0	0	0	0	0	0	7	0	5	0	19.75
Suspect Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Confirmed Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Chicken Pox Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Gonorrhea Cases	1	1	1	2	1	1	2	3	1	2	2	1	18
Identified Chlamydia Cases	3	3	8	10	3	3	4	1	5	3	1	5	49
Identified Syphilis Cases	3	1	0	1	1	0	0	1	1	1	5	1	15
<b>Vaccines Administered</b>													
Influenza to Inmates	8.0833	10	8	0	0	0	0	0	16	74	77	38	231.08
Influenza Other	0.75	10	0	0	0	0	0	0	5	4	5	2	26.75
Hepatitis B to Inmates	4.6667	7	9	12	5	3	3	17	22	4	11	5	102.67
Hepatitis B Other	1.1667	0	3	5	11	0	0	0	0	0	4	4	24.167
Tetanus	3	0	0	0	0	0	0	1	1	1	2	1	9
Pneumovax	0.3333	0	0	0	1	2	0	0	0	0	1	0	4.3333
<b>Mental Health</b>													
Psych HCP Encounters	1208	1094	1157	1162	1048	1047	1070	1005	1147	1194	1042	1085	13259
Psych MHP Encounters	303	271	311	289	256	273	227	251	273	271	218	206	3149
Attempted Suicides	0	0	0	0	0	0	0	0	1	0	0	1	2
Completed Suicides	0	0	0	0	0	0	0	0	0	0	0	0	0
State hospital commitments awaiting admission	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Pharmacy</b>													
Patients receiving meds from med carts or pill windows (Last Day)	749	854	902	1032	1281	1117	1151	1006	1106	1292	746	717	11953
<b>Hospitalizations</b>													
ER Visits	10	12	11	8	15	13	15	21	18	17	11	16	167
Hospital Admissions	17	19	15	7	15	15	18	20	25	22	15	17	205
Total Hospital Days	50	47	48	21	45	39	46	69	71	83	51	60	630
Other Off-Site Referrals	5	2	3	5	5	5	3	5	5	5	1	6	50
<b>Grievances</b>													
Total Grievances	40	41	35	40	30	27	32	17	24	42	41	44	413
Unfounded Grievances	39	41	35	40	28	27	32	17	24	42	40	44	409

## Appendix D

### Monthly Health Services Report

Nassau County  
2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
<b>Population Stats</b>													
Average Daily Population	1204	1222	1211	1182	1159	1137	1163	1197	1222	1235			1193
Intake Screenings	662	632	681	703	702	598	647	552	664	672			6513
Number Pregnant (Last Day)	1	1	1	1	3	3	5	8	5	1			29
Births	0	0	0	0	0	0	0	0	1	0			1
Miscarriages/Fetal Demise	0	0	0	0	0	0	0	0	0	0			0
Deaths	0	0	0	0	1	0	0	0	0	0			1
<b>Physicals</b>													
14 Day Health Assessments	961	733	870	742	706	672	641	535	547	608			7015
Annual Health Assessments	4	0	0	40	8	3	30	2	3	0			90
<b>On-Site Care</b>													
Sick Call Visits	1313	1345	1008	1278	1262	1889	1562	1757	1435	1480			14329
HCP Encounters	480	613	584	557	631	750	642	555	477	497			5786
Telemedicine/Telepsych Encounters	0	0	0	0	0	0	0	0	0	0			0
In-house X-Rays	100	77	93	117	121	118	99	99	84	96			1004
Infirmity/Medical Housing Admissions	4	3	6	4	1	4	4	12	15	13			66
<b>Dental Care</b>													
Exams	245	275	273	289	265	297	285	267	272	302			2770
Fillings	95	95	106	112	103	115	110	103	105	117			1061
Extractions	57	64	64	60	62	69	67	62	64	71			640
Dental Clinic Visits	245	275	273	289	265	297	285	267	272	302			2770
<b>Chronic Care Visits</b>													
Asthma/COPD/Pulmonary	29	42	56	38	37	37	47	32	29	41			388
Diabetes/Endocrine	11	23	16	15	15	17	19	15	10	24			165
HIV/AIDs	15	19	11	13	12	16	13	10	8	9			126
Hypertension/Cardio	49	66	70	48	51	46	69	42	39	53			533
OB/GYN/Pregnant	2	0	1	3	3	2	5	9	5	8			38
Seizure/Neurology	16	12	17	10	11	11	15	6	10	15			123
<b>Infectious Diseases</b>													
MRSA Suspect Cases	3	2.75	1.75	0	4	1	0	0	0	0			12.5
Confirmed MRSA Cases	1	1.5	1.75	0	4	1	0	1	0	0			10.25
PPDs Given to Inmates	2	0	6	1	1	1	2	3	1	1			18
PPDs Given Other	7.75	2	0	6	1	1	2	3	1	1			24.75
Suspect Active TB	0	0	0	0	0	0	0	0	0	0			0
Confirmed Active TB	0	0	0	0	0	0	0	0	0	0			0
Identified Chicken Pox Cases	0	0	0	0	0	0	0	0	0	0			0
Identified Gonorrhea Cases	0	0	0	1	0	0	1	0	0	0			2
Identified Chlamydia Cases	3	3	1	2	1	2	5	3	1	4			25
Identified Syphilis Cases	0	0	1	0	3	1	1	0	0	2			8
<b>Vaccines Administered</b>													
Influenza to Inmates	8.083	13	8	0	0	0	0	0	0	11			40.083
Influenza Other	0.75	2	0	0	0	0	0	0	0	0			2.75
Hepatitis B to Inmates	4.667	2	1	0	2	6	2	1	1	0			19.667
Hepatitis B Other	1.167	0	0	0	0	0	10	3	1	0			15.167
Tetanus	3	4	0	0	2	0	0	1	0	2			12
Pneumovax	0.333	1	0	1	0	0	0	0	1	0			3.333
<b>Mental Health</b>													
Psych HCP Encounters	1114	1068	1119	1031	1096	1083	1131	1163	1143	1088			11036
Psych MHP Encounters	211	220	233	214	230	262	263	269	252	234			2388
Attempted Suicides	0	0	0	0	0	0	0	0	0	0			0
Completed Suicides	0	0	0	0	0	0	0	0	0	0			0
State hospital commitments awaiting admission	0	0	0	0	0	0	0	0	0	0			0
<b>Pharmacy</b>													
Patients receiving meds from med carts or pill windows (Last Day)	646	655	703	669	689	684	698	679	700	705			6828
<b>Hospitalizations</b>													
ER Visits	20	12	11	12	7	14	9	8	18	11			122
Hospital Admissions	19	19	16	12	14	14	10	13	17	16			150
Total Hospital Days	51	71	43	52	42	47	57	36	61	88			548
Other Off-Site Referrals	4	8	10	1	2	1	4	0	4	3			37
<b>Grievances</b>													
Total Grievances	47	34	42	39	42	41	31	30	37	37			380
Unfounded Grievances	45	33	42	39	42	41	31	30	37	36			376

## Appendix E

<b>ATTACHMENT 'D'</b>		
<b>CONTRACTOR PERFORMANCE INDICATORS AND PENALTIES</b>		
<i>*Contractor penalties cited are the maximum amount that may be imposed at the discretion of the Department</i>		
PERFORMANCE INDICATOR	Bench mark	*CONTRACTOR PENALTY
<b>Sick call / Access to care:</b> Patients will be seen and/or treated by nursing sick call within 72 hours of receipt of request, assuming the patient is made available by security staff	90%	\$50 per patient not seen within 72 hours.
<b>Outpatient referral:</b> Patients will be referred for off-site specialty clinic care consistent with the herein contractual care guidelines [attached]	90%	\$50 per patient whose referral is inconsistent with guidelines, plus security costs, if any, at the rate of \$62/hr
<b>Inpatient utilization:</b> Patients will be referred for Emergency Department and/or inpatient care consistent with the herein contractual guidelines attached hereto as attachment	90%	\$50 per patient whose referral is inconsistent with guidelines, plus billed ED costs and security costs, if any, at the rate of \$62/hour
<b>Intake assessment:</b> Patients will complete the intake screening process within four [4] hours of admission to the facility, assuming the patient is made available by security staff	90%	\$50 per patient not seen within 4 hours of admission to the facility
<b>Chronic Care:</b> All patients meeting the criteria for chronic care enrollment will be scheduled and seen by a HCPP within seven [7] days of admission to the facility.	90%	\$50 per patient not scheduled and seen by a HCP within seven days of admission to the facility
<b>Pharmacy / Medication administration:</b> Patients will receive medication within 24 hours of the written prescription, with the exception of non-formulary medications	90%	\$50 for each patient who fails to receive medication within 24 hours of a written prescription
Patients will receive mandatory discharge medication at the time of discharge from the facility, assuming 24 hour advance notice is provided, with the exception of patient refusals.	90%	\$50 for each patient who fails to receive discharge medication at the time of discharge from the facility
<b>Quality Improvement</b> mortality reviews will be completed within 30 days of the event.	100%	\$500 per day for each delinquent review
Sentinel event reviews will be completed within 30 days of the date of occurrence	90%	\$100 per day for each review that is not completed within 45 days of the deficiency
Corrective action plans will be completed within 45 days of the date of documentation of the deficiency	90%	\$100 per day for each plan that is not completed within 45 days of the deficiency
Corrective action plans will be acted upon and the deficiency addressed within 90 days of drafting of the plan.	90%	\$500 for each delinquent plan
<b>Tuberculosis control:</b> All patients accepting a PPD will be read and have the results documented in the medical record prior to transfer from new admission housing.	90%	\$50 for each patient whose PPD is not read and/or recorded prior to transfer from new admission housing.
<b>Womens health services:</b> Pap test screening will be performed on all female patients within 7 working days of admission. Exceptions are a history of prior pap in the last 12 months, patient refusal and clinical contraindication.	90%	\$50 for each patient who does not receive a pap smear within 7 days
Pregnancy, prenatal exam: Pregnant women will receive a prenatal examination within 7 days of admission. Exceptions are patient refusal and clinical contraindication	90%	\$50 for each patient who does not receive a prenatal exam within 7 days of admission
<b>Laboratory services:</b> laboratory results [inclusive of sexually transmitted diseases] will be reviewed by a HCP within 3 days of the date of the result. Critical results will be reported to a practitioner and treated within 3 hours. A treatment plan for abnormal but not critical values will be implemented and documented in a progress note within 3 days from the date of the test result, excluding intervening holidays.	90%	\$100 for each critical result not reported and/or treated within 3 hours



## Appendix F – Armor’s Response

---



Armor Correctional Health Services, Inc.  
4960 SW 72nd Avenue, Suite 400  
Miami, Florida 33155

September 12, 2016

Ms. JoAnn Greene  
Director of Field Audit  
Office of the Comptroller  
Nassau County  
240 Old Country Road  
Mineola, NY 11501

Dear Ms. Greene:

Thank you for the opportunity to respond to the Comptroller’s review (Review) and findings regarding Armor’s service at the Nassau County Correctional Center (NCCC). As you may be aware, certain parties, with their own agendas, have been using various platforms to voice opinions and perceptions that appear to be disingenuous. These parties have not sought the truth by offering us the opportunity to respond to their assertions, and we appreciate the courtesy of your offer.

We acknowledge and agree with some of the findings and recommendations of the Review. However, it does contain incomplete information, misstatements, incorrect assumptions, and conclusions we believe are inaccurate. In addition, some of the recommendations had already been implemented prior to this report. I have summarized these items below and will provide any additional information that may be needed to further clarify.

1. On page 2 and Exhibit III on page 3, the figures listed as Armor’s net income are misleading. The numbers reported do not reflect Corporate Support costs and provision for Federal Income Taxes. Armor’s actual net income for 2013, 2014, and 2015 was \$290,346, \$448,138, and \$792,501 respectively. Armor’s net income as a percent of revenue for 2013, 2014, and 2015 were actually 2.28%, 3.52%, and 6.21% respectively.
2. Page 2, footnote 4 cites the *Buffalo News* as a source for information about our contract. We are perplexed why we were not asked of the Niagara transition. What is represented in the Review is inaccurate. Armor made a conscious decision not to extend the Niagara contract. This was done within a manner that allowed the Niagara County Sheriff’s Office sufficient time to develop and circulate an RFP. Armor did not submit a bid in response to the RFP and encouraged an early transition to avoid the difficulties with recruiting and employee retention during the holiday season. We have included a letter of appreciation from the successor

## Appendix F – Armor’s Response

---

medical vendor which document both the efforts that Armor expended, as well as the resulting smooth transition.

3. The word “infirmary” is sometimes misused in the Review to describe the medical services unit as a whole. The infirmary is a specific area within the medical services unit that Armor established to manage care for patients who needed greater attention than would be available in the general population, but not so great that it required hospital care. Armor’s establishment and effective operation of the infirmary are material contributions to the significant reductions in off-site care and County expense for overtime.

4. Audit Finding 1 – Employee Turnover

- a. We acknowledge the turnover rates noted in the Review. However, these statistics should be placed in appropriate context. National turnover rates throughout the medical profession are higher than in most other professions and turnover for these positions in correctional settings is significantly higher given the extraordinary challenges of the work and the setting. Reporting Armor’s turnover rate without providing more specific reference points is grossly misleading.

Armor expended significant human and financial resources in its efforts to maintain appropriate medical staff. In fact, as has been clearly documented on average Armor exceeded the contractual staffing requirements by at least 5.0 FTEs over the life of the contract at a cost to Armor of over \$1.5 million, which was not billed to Nassau Sheriff’s Office. It is well documented from the commencement of the contract that certain correctional staff were not in favor of privatization of the correctional healthcare and have consistently created obstacles and at times acted hostile towards medical staff .

Over the last year, this situation has been compounded by the inaccurate and one-sided reporting in the media. **It should be noted that these abusive practices continued throughout the contract in spite of multiple efforts by Sheriff Sposato and other members of NCSO leadership to curb such behavior.**

- b. We challenge the statement on page 7 in the paragraph following the bullets that “No organization can meet its mission of quality care with 60% turnover rates.”

While we acknowledge the challenge that significant turnover presents, this is a subjective statement and the Comptroller’s Office does not have the professional expertise to make such a blanket statement.

- c. Regarding the recommendation to rely less on part-time and per diem workers: Armor agrees that permanent employees are preferable to per diem staff. However, maintaining a strong per diem pool is an important

---

## Appendix F – Armor’s Response

---

resource to help ensure availability of staff in the event that permanent staff is not available. Availability of PRN/on-call/per diem employees assists in a variety of situations, such as:

- Planned Leaves
- Unplanned Leaves
- Emergencies
- 24/7 Staffing Needs
- Training

Most PRN/on-call/per diem employees appreciate their status because of the greater flexibility and control it offers them and typically their increased rate of pay.

Another benefit of PRN/on-call/per diem employees is that the employee / employer relationship is already established and when permanent positions become available, a pool of trained, vetted prospects is readily available. This helps to reduce recruiting costs and increase retention rates. These employees are already trained, understand the facility operations, and are typically committed to the organization.

Regarding full time employees, there is no discernible difference in the quality of work between full-time and part-time workers. In fact, many more workers are requesting part-time schedules than in the past and one of the most important issues in recruiting and retaining medical staff is the ability to meet their schedule needs.

This recommendation should be eliminated.

- d. Armor has been conducting exit interviews since the beginning of the contract, whenever possible. The trends we have identified include those reflected in our responses above, as well as an indication of fear of retribution from corrections officers and a general lack of security. This is validated by the current corrections Union President when he publically commented about contraband. It is his staff that is responsible for security.

### 5. Audit finding 3 – Background and Reference Checks

- a. Regarding page 10, paragraph 4. Armor applicants must first pay for their fingerprinting. Once the fingerprints are completed and the background check is run, the results are sent to the Sheriff’s Office. The Record of Arrests and Prosecutions (RAP) sheet is reviewed and we are notified by the Sheriff’s Office whether or not the applicant can be hired. Initially we were notified by phone, but we now receive clearance information by email and place the documentation in the employee’s personnel file.

## Appendix F – Armor’s Response

---

It is important to note that, although this change does improve documentation, it was not a genuine security issue, since no individual can even enter the facility property without first being cleared by the Sheriff’s Office. There is no opportunity for any employee to begin work without first getting clearance from the Sheriff’s Office.

- b. Regarding page 10, paragraph 6. Reliance on any purported “findings” put forth by the SCOC in its reporting is misplaced. The SCOC’s reports consist of boilerplate predetermined outcomes attributing fault to private medical providers statewide, and are consistently inaccurate with respect to the facts and applicable medicine in the cases they address. Further, Armor has not been afforded ample opportunity to challenge the reports.

To cite the SCOC’s “evidence of possible inadequate medical care” as support for your conclusion is not appropriate. To date, no court has permitted an SCOC report to be used as evidence in any lawsuit brought against Armor. On the other hand, **reports have been precluded from evidence due to the nature of the reporting and its extensive reliance on unsworn hearsay**, among other things, which essentially renders the findings unreliable.

Further, the statistical data obtained by Nassau County indicates Armor exceeds the performance of other New York jails.

While we reiterate our acknowledgement of the difficulties in maintaining staff, neither your report, nor any other presentation of facts demonstrates that our hiring practices were deficient. We emphatically challenge that conclusion.

- c. Regarding Audit Recommendations on pages 10-11. As noted above, items “a” and “c” are already in place. With regard to “b,” it is against NCSO policy for the Sheriff’s Office to provide Armor with copies of the background checks.

### 6. Audit finding 4 – Standards/Policy Compliance

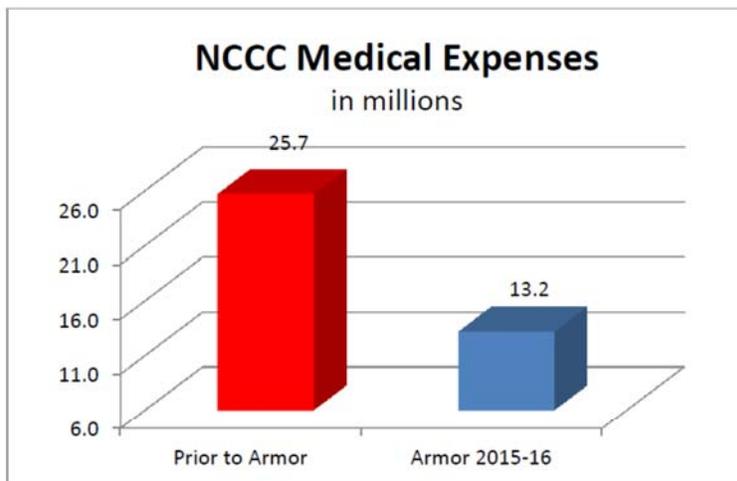
- a. We challenge this finding. Armor’s Policy and Procedure Manual has already been updated to include the 2014 NCCHC Standards.
- b. Regarding Audit Recommendations on page 12. Armor’s Policy and Procedure Manual does have the revised dates listed in the box, when indicated, and the entire manual is signed off by the HSA and Medical Director annually. These signatures are on the coversheet, not each policy.

### 7. Audit finding 5 – Reduced Inmate Health Costs

- a. The Review significantly understates the total savings realized by the County.

## Appendix F – Armor’s Response

The February 22, 2016 report from the County’s Office of Legislative Budget Review (OLBR) documented \$25.7 million in medical expenses for the NCCC in the year before Armor. In the most recent contract year (2015-16), the County reimbursed Armor a total of \$13.2 million – a decrease of approximately 50%.



**Further, the County was able to realize these savings while simultaneously experiencing an increase in the overall quality of care.** By improving efficiencies and reducing unnecessary expenses, Armor saved the County approximately \$58 million over the past five years<sup>1</sup> (per the OLBR report).

- b. These numbers do not consider inflation or the fact that the NHCC’s costs increased by approximately 9% in the last four years of its contract, whereas Armor’s cost to the County decreased by almost 11% in the first four years of our contract.
- c. We also take exception to the characterization of our health care as anything less than adequate.

### 8. Audit finding 6 – Medical Records

- a. Medicaid reimbursement only applies to those patients that are sent off-site for inpatient care. Our current records are in compliance with regulations applicable to incarcerated individuals. We do not bill Medicaid/Medicare or any entity. Armor has repeatedly discussed the implementation of an EMR

<sup>1</sup> Calculated as the difference of correctional center contractual expenses and correctional overtime expense per the OLBR report in 2011 (\$46.4 million) as compared to each of the subsequent four years.

## Appendix F – Armor’s Response

---

with NCCC; however the facility physical infrastructure has continually been a barrier. It has been on the Medical Audit Committee agenda since 2011.

- b. Regarding Audit Recommendations on pages 15-16, item a. As noted above, internal NCCC facility limitations currently prevent the installation of an electronic medical record. Item b: As stated above, we challenge the findings and conclusions of the SCOC. Item c: we acknowledge the need to improve the CQI process.

### 9. Audit finding 8 – Equipment

- a. We acknowledge that at the time of the Review, we were not able to provide an updated equipment list. However, we challenge the issue raised in the first bullet point on page 18. Armor’s site medical director has a thorough working knowledge of the medical equipment available and therefore can, and does, make determinations regarding appropriate on-site care.
- b. To date, Armor has not billed the County for equipment purchases, as allowed by the contract. In the near future, Armor will be submitting an invoice (with appropriate documentation) for reimbursable expenditures.

### 10. Audit finding 9 – Review of Offsite Medical Expenses

- a. The heading is misleading and implies that Armor is not meeting one of its responsibilities. Armor does employ medical professionals to review all off-site expenses. It is the County that does not.
- b. The first paragraph misstates the financial responsibility for costs over \$750,000. Armor is responsible for 60% and the County is responsible for 40%.

### 11. Audit finding 10 – Errors in Statistical Reporting

- a. We acknowledge the formula error as indicated in the Review and have taken steps to correct such errors in the future.
- b. Armor has repeatedly requested that the County make the necessary changes to the physical plant required to implement an EMR. However, this issue has been, and remains, beyond Armor’s control.

### 12. Audit finding 11 – State Commission Recommendations

- a. As stated previously, Armor takes strong exception both to the methods of the SCOC, as well as their conclusions. We responded to each of the SCOC reports and we did not agree with their findings. Six of the 12 patients expired while at NUMC with an average length of stay between 9 and 10 days.

## Appendix F – Armor’s Response

---

The SCOC’s investigation process is both incomplete and biased. In support of this statement, I offer the following:

- Their investigators are not medical experts in the field of correctional health in jails and/or prisons and they have made it clear, in statements to our staff, that they do not approve of privatized health care.
- Their interviews of staff are not recorded. They take notes during the interviews and then pass this information on to a panel that bases their report on second-hand information.
- They did not conduct either an entrance or an exit conference with Armor’s administration to verify any process, policy or procedure. (Note: In the first death, 06/11/2011, the SCOC reported an Armor Nurse to the State Board of Education for "Practicing outside the scope of his license." This allegation was investigated by the SBOE and found to be baseless. The nurse is still practicing at the NCCC and the legal case of the inmate death has been dismissed.)

- b. It should also be noted that Exhibit VIII of the Review incorrectly reports the number of deaths at the facility. In the 6½ years between 2004 and mid-2011, NHCC experienced 18 deaths, not 15. In Armor’s 5¼ years, we have experienced 13.

13. What is not included in the Review is any indication of the tremendous media and SCOC bias towards privatization of correctional medical care. For example,

- The media has not published a single article reporting Armor’s response to the New York Attorney General (NY AG) complaint which was served on August 24, 2016. Such an article should include the following:
  - The NY AG, inmates, and the families of inmates routinely make blatantly false statements about Armor’s medical care. However, Armor is legally barred from responding to those false accusations because they involve private medical information. Justice Bluth recognized this unfairness, and on August 24, 2016 ordered the NY AG to obtain HIPAA waivers from all of the persons who the NY AG was claiming Armor did not properly treat so that Armor could publicly respond to the allegations. Armor looks forward to the NY AG complying with the Court’s directions so that it can put these false claims to rest.
  - The NY AG admitted that it had not reviewed the medical records of the individuals who it alleges Armor did not properly treat, stating that they were not medical experts. Of course, it would not take a medical expert to review the records and find that allegations that Armor did not prescribe drugs are false, when the records show that the patients did, in fact, receive

## Appendix F – Armor’s Response

---

all of those drugs. Similarly, it does not take a medical expert to review documents that prove that accusations that inmates were not seen by doctors or specialists at various times is simply false, when the records reflect the date, medical professional, diagnosis, treatment plan, etc. Armor has submitted some of the proof that these allegations are false, but at this point, is legally barred from disclosing them publicly.

- The NY AG has not utilized a single expert witness, such as a licensed physician, to support their allegations. In fact, it was not until after the NY AG made its allegations, and Armor served its response (precluded at this time from filing the response due to HIPAA restrictions), that the NY AG for the first time asked for the full medical records of the individual inmates. It appears that the NY AG simply accepted as fact whatever they were told, without any follow up or further investigation.

This is supported by the fact that the NY AG submitted a transcript of a purported voice mail from an individual who supposedly claimed that Armor did not properly provide care to him at the NCCC. However, there has never been an inmate with that name at the NCCC during the time Armor has been providing services.

- While Armor is currently precluded by law from responding to allegations of treatment of individual patients, the press and the NY AG should actually look at the accusations to see if they have any merit. For example, in accusing Armor of failure to provide proper medical care, the NY AG relies on a claim that Armor should have prescribed high levels of Xanax and morphine to a patient. If the press or the NY AG were to consult with any reputable physician, they would learn that such high levels of these drugs are inappropriate for anyone who is not in hospice care. In fact, given the current public health crisis of over-prescription of opioids, it is inexcusable that the NY AG would criticize Armor for such a reasonable and responsible decision.
- Documents on which the NY AG relied to claim that Armor’s own personnel “admitted” to improper care, were actually documents produced by Armor to the NY AG, which the NY AG then altered to add the supposed “admissions” on which it now relies. The NY AG has since acknowledged that it altered the documents and that no such “admissions” by Armor exists.
  - *Newsday* somehow learned of and contacted Armor for comment on the AG’s complaint seven days before the AG notified Armor and one day before the complaint was even filed.
  - Recent articles regarding the Comptroller’s refusal to pay are inaccurate. They do not reflect the correct calculated amounts and do not disclose that the Sheriff’s Office requested we not attempt to obtain NCCHC accreditation due to physical plant limitations.

## Appendix F – Armor’s Response

---

- The media quotes Brian Sullivan, the President of the Nassau Correction Officer Union in assigning blame to both Armor and the Sheriff’s Office, but oddly silent in regards to holding security officers accountable. For example, when a former Armor employee was accused of providing inmates with contraband, the media quoted Mr. Sullivan opinions, but made no mention of the failure of the correctional officers.

Again, thank you for this opportunity to respond to the Review.

Sincerely,

Karen Davies  
Senior Vice President

Cc: Bruce A. Teal  
Sheriff Michael Sposato

## Appendix F – Armor’s Response

NASSAU	ACQUISITION DATE	INVOICE		ITEM DESCRIPTION	ACQUISITION VALUE	DEPRECIATION METHOD	ESTIMATED LIFE IN MONTHS	TERM DATE
	<b>MEDICAL EQUIPMENT</b>							
	08/25/2011	IN00021699	DIAMOND DRUGS	2-LS SCANNER	990.00	STRAIGHT LINE	36	08/25/2014
	08/10/2011	2513193-01	Henry Schein	Cast Cutter	1,053.11	STRAIGHT LINE	36	08/10/2014
	08/31/2011	9320797-01	Henry Schein	3-Lifeline AED	3,340.94	STRAIGHT LINE	36	08/31/2014
	01/25/2012	INV143490	InfuSystem	E-400 CMS -Curlin 400 CMS	1,944.50	STRAIGHT LINE	36	01/25/2015
	03/19/2012	3706428-01	Henry Schein	Opti Vacuum Suction Machine	1,557.59	STRAIGHT LINE	36	03/20/2015
	02/27/2013	0062	Jet EMS	Stryker MX-Pro 500lb ambulance stretcher	1,690.00	STRAIGHT LINE	36	02/28/2016
	04/06/2013	3638770-01	Henry Schein	Burdick 8300 ECG Interp Comm w/3 yr warranty	3,740.56	STRAIGHT LINE	36	04/06/2016
	07/10/2013		CHS Home Support	BED,SEM ELEC,SIDERAILS	850.00	STRAIGHT LINE	36	07/10/2016
	10/17/2013	156494	Continued Care of	BiPap Machine	2,811.50	STRAIGHT LINE	36	10/17/2016
	10/30/2013	CEQ-200021277	ClafinMedical Equ	Welch Allyn Spot Vital Signs Monitor - w/NIBP, Nellcor Pulse Oximetry & Temp Concentrator F/Oxygen Compact 5LTR (Devilbiss Co 525DS)	2,123.50	STRAIGHT LINE	36	10/30/2016
	08/20/2014	4965528-01	Henry Schein		945.20	STRAIGHT LINE	36	08/20/2017
	12/10/2014		CHS Home Support	BED,SEM ELEC,SIDERAILS	850.00	STRAIGHT LINE	36	12/10/2017
	04/14/2015	1G156431	Benco Dental Co.	Electronic Kit for MK6, Mfg. VELOPE Mfg#/ASS1028F	625.09	STRAIGHT LINE	36	04/14/2018
	09/21/2015	5942758	Office Depot Southwest Medical Equipment	2 Shredder, 26SHT,XCUT,C-480C	5,655.00	STRAIGHT LINE	36	09/21/2018
	09/04/2015	50081		2 Stretcher-200 - Stryker 1000 Series Renaissance Transport Stretcher, refurbished	4,257.00	STRAIGHT LINE	36	09/04/2018
	02/10/2016	27728233	Henry Schein	Dental Ceramic Turbine lubefree 3+1 KIT	1,235.69	STRAIGHT LINE	36	02/10/2019
	02/12/2016	74005967	Benco Dental Co.	Airstar 10 Compressor 115V, Mfg Airtec, serial#AS100-16020003	4,590.92	STRAIGHT LINE	36	02/12/2019
					<b>38,260.60</b>			
	<b>COMPUTER</b>							
	05/24/2011	26789	Quantum	20 HP DESKTOP PC & 4 HP LASER JET PRINTERS	31,389.09	STRAIGHT LINE	36	05/24/2014
	07/31/2011	26936	Quantum	5-HP DESKTOP PC	5,205.50	STRAIGHT LINE	36	07/31/2014
	09/13/2011	27029	Quantum	48 PORT PROSAFE NETWORK SWITCH	854.93	STRAIGHT LINE	36	09/13/2014
	08/26/2014	30991	QuantumTech	2 Brother laser fax machines	1,168.78	STRAIGHT LINE	36	08/26/2017
	11/20/2014	31368	Quantum Tech	Brother Business Class Laser Fax Machine (for Pharmacy dept)- SN H4V5023609, TAG#ACS2175	566.03	STRAIGHT LINE	36	11/20/2017
	11/24/2014	31434	Quantum Tech	1 Brother Business Class Laser Fax Machine - S/N H4V518216, TAG#ACS-2133	566.03	STRAIGHT LINE	36	11/24/2017
	11/04/2015	33146	Quantum Tech	1 HP Probook 640 GI, 2.6GHz Intel Core i5 4210M, 4GB DDR3 SDRAM Memory, 500GB hard drive, DVD Super Multi DL-Vicky Hailey, S/N:5CG5385H7C Tag#ACS 2404	905.21	STRAIGHT LINE	36	11/04/2018
	12/11/2015	33371	Quantum Tech	Rack PDU Switch 1U Managed Power Strip	694.43	STRAIGHT LINE	36	12/11/2018
	12/11/2015	33371	Quantum Tech	HP R/T3000 G4 Low Voltage NA/JP Uninterruptible Power system	1,551.50	STRAIGHT LINE	36	12/11/2018
	12/14/2015	33379	Quantum Tech	17 x HP Probook 640 GI, 2.6GHz Intel Core i5 4210M, 4GB DDR3 SDRAM Memory, 500GB Hard drive, DVD Super Multi DL 14" 1366x768 Display, Intel HD Graphic, Bluetooth 4.0,Gigabit Ethernet,Windows 7 Professional 64 bit, 8 Satellite/9 Core	15,388.56	STRAIGHT LINE	36	12/14/2018
	12/14/2015	33379	Quantum Tech	17 x 3 Year HP Smart Buy CarePack 9x5	3,565.06	STRAIGHT LINE	36	12/14/2018
	12/14/2015	33379	Quantum Tech	17 x AVG Antivirus Business Edition	472.94	STRAIGHT LINE	36	12/14/2018
	12/14/2015	33379	Quantum Tech	4 x FI-7160 Color Duplex Sheetfed Scanner	4,250.04	STRAIGHT LINE	36	12/14/2018
	12/14/2015	33379	Quantum Tech	9 x Topaz SignatureGem 1x5 LCD, Full HID Interactive, USB Interface	3,803.85	STRAIGHT LINE	36	12/14/2018
	12/14/2015	33379	Quantum Tech	4 x HP ProDesk 600 GI with 7ft patch cord,3 ft patch cord & APC battery backup	4,343.00	STRAIGHT LINE	36	12/14/2018
	12/14/2015	33379	Quantum Tech	1 HP Laser Jet Printer black&white	705.13	STRAIGHT LINE	36	12/14/2018
	12/11/2015	33372	Quantum Tech	2 server HP ProLiant DL 380 Gen9 2U Rm Xeon 6C E5-2620 v3 2.4GHz	25,352.00	STRAIGHT LINE	36	12/11/2018
	12/11/2015	33370	Quantum Tech	2 Synology NAS Network Storage Device 3614,240 GB 530 Series SATA 6Gb/2.5" 7mm Internal Solid State, 8GB DDR Synology upgrade, 10X 1TB WD SATA 6Gb/s3.5" Internal Hard Drive	15,676.70	STRAIGHT LINE	36	12/11/2018
	06/14/2016	34336	Quantum Tech	Desktop PC	2,279.10	STRAIGHT LINE	36	06/15/2019
					<b>118,737.88</b>			
	<b>FURNITURE</b>							
	08/26/2011	600194	Carstens	Ring Binder cabinet	1,822.76	STRAIGHT LINE	36	08/26/2014
					<b>1,822.76</b>			
	<b>Total Fixed Assets</b>				<b>158,821.24</b>			

Correctional Medical Care, Inc.



November 11, 2015

Mr. Bruce Teal  
Chief Executive Officer  
Armor Correctional Health Services, Inc.  
4960 S.W. 72nd Ave. Suite 400  
Miami, FL 33155

Dear Bruce,

I wanted to take a moment to personally thank you for the smooth transition facilitated by Armor Correctional Health Services, its staff and management, when it left the Niagara County Correctional Facility. We appreciated the conscientious support of the Armor staff and management in maintaining continuity of care throughout the transition process. The attitude of each member of the Armor staff was professional, positive and forthcoming.

We appreciated the provision of additional provider coverage beyond the contract requirements to address any backlogs and ease our assimilation of services. We also appreciated that the Senior Vice President and Regional Manager were on-site for the final three days, which is beyond the industry norm.

Thank your team, as well, for leaving an inventory of medical supplies so that we could function as a medical unit from the very beginning.

Many contract transitions can be contentious. We appreciate the professionalism and courtesy demonstrated by your team, which led to an efficient transition.

Sincerely,

A handwritten signature in black ink that reads "Maria Carpio". The signature is written in a cursive, flowing style.

Maria Carpio  
Chief Executive Officer

---

980 Harvest Drive, Suite 202, Blue Bell, Pennsylvania 19422 • (888) 225-8860 • fax: (215) 542-5880

## Appendix F – Armor’s Response

---



**OFFICE OF THE SHERIFF  
COUNTY OF NIAGARA**

5526 Niagara Street Ext.  
P.O. Box 496  
Lockport, New York 14095-0496

**James R. Voutour**  
*Sheriff*

**Michael J. Filicetti**  
*Undersheriff*

(716) 438-3370

March 18, 2013

Armor Correctional Health Services, Inc.  
Attn: Bruce Teal  
4960 SW 72<sup>nd</sup> Avenue, Suite 400  
Miami, FL 33155

Dear Bruce:

As you know, we were extremely concerned about the prospect of privatizing our medical operations. It is one of the greatest responsibilities that a Sheriff's Office inherits. We were most concerned about the delivery of care to the inmates in our custody and the responsibility we have to the taxpayers we serve to bring necessary and cost effective services to the inmates. The decision to determine what model would provide the best formula to meet our challenges was one that we took seriously.

We are very early on with our transition with Armor but it's been an exceptionally smooth process. We are absolutely confident that we made the right decision to partner with Armor for the care and treatment of our inmate population. Armor has delivered beyond what you represented in your proposal. For starters, your Regional Vice President, Karen Davies, has been a key component to the beginning successes at Niagara. Karen runs a tight ship and does a great job of keeping us informed. She manages operations efficiently and does not bother us with everyday trivia. Her knowledge and experience in the correctional medical field have proven to be vital during the transition.

Your recruiting program has been successful and is very well managed. As you know, among the substantial challenges we faced was a staffing vacancy rate of 50% at the time of the contract award. By the start of the contract, the recruiting team had almost fully staffed the important posts necessary to be able to deliver quality and effective medical services from the first moment of your relationship with the Sheriff's Office. Actually, your team was onsite earlier than required to make certain that it would be smooth.

In addition, it was very important to us that our current employees were treated fairly and professionally. They were understandably anxious about their own futures and I was impressed with the attention that Armor provided them. Their concerns were addressed in a timely and appropriate fashion and most importantly, you delivered on the promises you made to them. Armor was direct, reasonable, and sensitive to their needs, while still placing the higher priority on the mission itself –

## Appendix F – Armor’s Response

---

Armor Correctional Health Services

Page 2

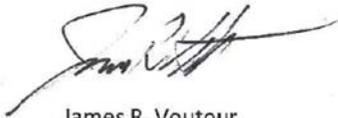
March 18, 2013

delivering quality care for the agreed upon price.

Lastly, it was most impressive when the need was determined for a Health Service Administrator your own Vice President for Human Resources, Ceron Rawls, stepped in and helped oversee our facility for eight weeks until we found the right candidate. The on-site presence of both Karen and Ceron during the transition was instrumental to the success of the transition and was an impressive statement about Armor. I cannot think of another instance where a company has provided corporate staff support like this prior to the execution of a contract. I truly value this level of commitment that was demonstrated.

Armor’s policies and procedures have substantially improved our systems, however, it is the Armor team and the Armor philosophy which truly make the difference. Please know that I am happy to speak to anyone who is considering Armor for the provision of healthcare services.

Sincerely,



James R. Voutour  
Sheriff



Michael J. Filicetti  
Undersheriff



Thomas C. Beatty  
Chief Deputy



Daniel M. Engert  
Administrative Captain

---

## Appendix G – Sheriff’s Response

---

EDWARD P. MANGANO  
COUNTY EXECUTIVE



MICHAEL J. SPOSATO  
SHERIFF

**SHERIFF'S DEPARTMENT**  
NASSAU COUNTY CORRECTIONAL CENTER  
100 CARMAN AVENUE  
EAST MEADOW, NY 11554

October 3, 2016

JoAnn Greene  
Director of Field Audit  
Office of the Comptroller  
240 Old Country Road  
Mineola, NY 11501

**Re: Draft – Limited Review of Armor Correctional Health Services of New York, Inc. Contractual Services for Medical Care at the Nassau County Correctional Center**

Ms. Greene,

I write in response to the referenced report dated September 29, 2016, and to provide comments related to the information contained in that document.

Initially, I would note that, as discussed during the recent Exit Conference, the use of the word “infirmary” throughout the report is both inaccurate and misleading. For example, in the second paragraph of the Background section of the document found on page 1, you state the following.

“Armor maintains an onsite *infirmary* at the Correctional Center, which includes examination rooms, a pharmacy area, a medication stock room, nurses’ lounge, medical records room and administrative offices.” (emphasis added)

Armor has professional medical staff assigned to several areas within the facility - including the area described above - which appears to be the D Building Medical Unit, a medical treatment area. The area that is commonly referred to as the infirmary, or medical housing area, is actually an inmate housing area located within the D Building and is staffed with both security officers and Armor medical staff. The term “infirmary” is used improperly throughout the document to describe a number of different areas other than the medical housing area, and creates unnecessary confusion and lack of clarity in the report.

Also as discussed during the recent Exit Conference, the primary goal of the RFP in 2009 was to improve overall inmate health services provided at the Correctional Center following a period of oversight by the Department of Justice under the terms of a Settlement Agreement entered into in 2002. The oversight by the DOJ was discontinued in 2008. The RFP was issued to institutionalize and adopt many of the recommendations made during the period of oversight. The goal was not, as stated in second sentence of the first paragraph in the section entitled History and Results of the of the Contract

## Appendix G – Sheriff’s Response

---

Page: 2  
Date: October 3, 2016

Award for Privatization of Medical Care at the Correctional Center, “to reduce costs.” Additionally, the second paragraph of that section at the top of page 4 fails to mention that, in addition to the costs associated with transporting and housing inmates at NHCC, moving inmates to unsecure medical treatment facilities creates safety and security concerns. The safety and security concerns are the primary goals of providing increased on-site medical services in order to decrease inmate movement outside of the secure facility.

With respect to **Audit Finding (2) and the corresponding Audit Recommendation**, “[t]he County should immediately designate a Health Contract Administrator at the Correctional Center and also appoint the NYS required County physician to oversee the medical care contractor,” as noted in your report an Interim Health Contract Administrator (or Monitor) was appointed earlier this year. This individual is a highly qualified employee from the Department of Health to serve until another qualified individual can be hired by the County. The Sheriff’s Department, with the assistance of personnel assigned to the County Office of Human Resources, has published an appropriate job announcement and is in the process of receiving applications. Until the appropriate replacement is identified, the Interim Health Contract Administrator will remain in place.

As for the requirement set forth in New York State Correction Law § 501 (“Jail Physician”), the language of the statute requires the appointment of a “reputable physician, duly authorized to practice medicine, as the physician to the jail of the county.” That language is also reiterated within the New York State Minimum Standards and Regulations for Management of County Jails & Penitentiaries (see 9 NYCRR § 7010.2 (a)). As you note in your report, one of the positions required pursuant to the Legislature approved contract with Armor is that of Medical Director, a duly licensed physician to oversee the provision of medical services at the Correctional Center. That medical oversight structure is exactly the same as the medical oversight structure utilized by the Nassau Health Care Corporation (created in 1997 and referenced at footnote 1 of the report) during their tenure. Throughout the entirety of their presence, the Medical Director overseeing the provision of medical services at the Correctional Center was an NHCC physician. There is no requirement for the employment of any additional physician under either the statute or applicable regulation, nor has any such requirement ever been suggested by any statutory or regulatory authority. In point of fact, the employment of an additional physician by the County would have significant implications for the indemnification and malpractice insurance provisions of the contract for inmate health services.

With respect to **Audit Finding (3) and the corresponding Audit Recommendation**, it should be clearly noted that the Sheriff’s Department does not “assist Armor” with background or reference checks as noted at the bottom of page 9. Rather, the Sheriff’s Department conducts reviews of criminal history reports for prospective Armor employees to independently determine whether those individuals are acceptable to the Sheriff’s Department from a security clearance perspective only. The Sheriff’s Department has no role whatsoever in vetting references or other pre-employment matters.

As for the references to the incident involving the Armor nurse, as discussed during our recent Exit Conference, there was never any direct evidence developed by the Sheriff’s Department to substantiate the allegation regarding the smuggling of razors to inmates. More importantly, there was never any direct connection established between that nurse and any specific incident involving inmate altercations

## Appendix G – Sheriff’s Response

---

Page: 3  
Date: October 3, 2016

at the Correctional Center. In point of fact, the nurse in question was confronted by Sheriff’s Department investigators after a prompt and thorough investigation, and removed from the facility by those investigators in mid-December 2015 - well before being charged by the District Attorney’s Office.

As for the issue of the criminal history checks, as discussed during the recent Exit Conference and documented in the supplemental information provided to your office, there is no legitimate question as to the performance of such reviews by Sheriff’s Department staff prior to any individual commencing employment with Armor at the Correctional Center. The reviews are and were timely conducted, and were properly documented by Sheriff’s Department staff.

With respect to **Audit Finding (5) and the corresponding Audit Recommendation**, I would again point out that reduced off-site transportation of inmates to unsecure facilities for medical services increases the overall safety and security of the facility, and the surrounding community.

With respect to **Audit Finding (6) and the corresponding Audit Recommendation**, the Sheriff’s Department has been working cooperatively with Armor to develop a computer network to support an Electronic Medical Record (“EMR”). Although this may appear to be a straightforward project, there are unique difficulties created by the nature and physical plant of a penal institution. Initially, we explored the possibility of a wireless system, but determined that the potential security risks and equipment costs associated with such a system were not appropriate. We then focused on a hard-wired system consisting of the use of portable tablets, download stations, and the existing internal computer network with the assistance of County IT staff. There are many technological issues associated with the creation of a system to support the EMR and we have been steadily moving forward. At this point it is my understanding that all necessary equipment and technological work is almost complete, and the project is nearing conclusion.

With respect to **Audit Finding (7) and the corresponding Audit Recommendation**, I refer you to my letter to Comptroller Maragos regarding the issue of NCHC accreditation. I also refer you to our response to Audit Finding (2) above regarding the Health Contract Administrator (or Monitor).

With respect to **Audit Finding (8) and the corresponding Audit Recommendation**, as you note, Armor has not submitted any billings to the County for equipment purchases. If and when that happens, the Sheriff’s Department, in conjunction with the Office of the County Attorney, will review any such submissions prior to any payments by the County.

With respect to **Audit Finding (9) and the corresponding Audit Recommendation**, I refer you to our response to Audit Finding (2) above.

With respect to **Audit Finding (11) and the corresponding Audit Recommendation**, it is entirely unclear as to what methodology was utilized to create Exhibit VIII (Summary of Nassau County Correctional Center Inmate Deaths and State Commission of Correction Reports) to include categories such as “Some Responsibility in Inmates [sic] Death per NYS Reports” and “No Responsibility in Inmates [sic] Death per NYS Reports.” It can only be assumed that these subjective categories were

## Appendix G – Sheriff’s Response

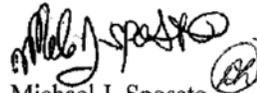
---

Page: 4  
Date: October 3, 2016

tabulated based upon a bare reading of the redacted versions of the Final Reports issued by the Commission of Correction. To assign “responsibility” or lack thereof in a matter as vitally important as an inmate death based solely upon such a subjective and cursory review of a document appears to be both irresponsible and detrimental to the County. I believe that such categorizations should be removed from the report.

I trust the foregoing information is helpful to you and your staff.

Very truly yours,



Michael J. Sposato  
Sheriff

cc: Charles Ribando, DCE for Public Safety  
Karen P. Davies, Senior Vice President, Armor  
Michael R. Golio, Investigator Captain

## Appendix G – Sheriff’s Response

---

EDWARD P. MANGANO  
COUNTY EXECUTIVE



MICHAEL J. SPOSATO  
SHERIFF

SHERIFF'S DEPARTMENT  
NASSAU COUNTY CORRECTIONAL CENTER  
100 CARMAN AVENUE  
EAST MEADOW, NY 11554

September 29, 2016

George Maragos  
Nassau County Comptroller  
240 Old Country Road  
Mineola, NY 11501

Re: Armor Performance Indicators and NCCHC Accreditation

Comptroller Maragos,

I write in regard to the issue of the financial penalties assessed against Armor Correctional Health Services, Inc., related to NCCHC Accreditation at the Nassau County Correctional Center.

One of the Performance Indicators in the County’s contract with Armor requires the contractor to achieve NCCHC accreditation. The Contractor Penalty associated with that indicator states “Penalty of \$5000 will apply *only if contractor fails to attain accreditation through contractor’s own action or inaction...*” (emph. added). In order to receive NCCHC accreditation, an inmate healthcare provider (hereinafter “provider”) must comply with each of the NCCHC standards.

The Sheriff’s Department has determined that Armor’s failure to attain accreditation is not due to its own action or inaction, but due to factors beyond its control as it relates to certain NCCHC standards. The following are examples of standards that could not be met, but not due to Armor’s actions or inaction.

Where an inmate is being returned to a correctional facility upon discharge from a hospital, **J-D-05** requires the provider to obtain a written summary of an inmate’s condition from that hospital. Despite numerous requests and meetings with NUMC staff, NUMC repeatedly fails to provide the written summary to Armor. Armor, of course, ensures that the appropriate medical/mental health staff member communicates with the discharging NUMC medical/mental health doctor, but the standard requires a written discharge report from the hospital. Thus, Armor is not able to consistently meet this standard due to the lack of cooperation from NUMC.

**J-E-03** requires that each time an inmate is moved from one facility to another, his/her medical records must move simultaneously with the inmate. This standard is applied broadly by the NCCHC, and is referred to as intersystem transfers. It applies when an inmate is moved from one housing area to another and from one NCCC building to the other. Inasmuch as there are often times when an inmate has to be removed immediately from his/her current housing location (e.g., causing a dangerous

## Appendix G – Sheriff’s Response

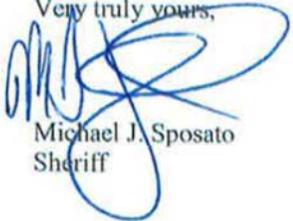
---

Page: 2  
Date: September 29, 2016

situation, inciting a riot, committing violence against staff or other inmates) due to security reasons, there are occasions where there is not time to contact medical and await receipt of the records. Armor has been working on setting up its electronic medical records system, which will address this. The delay in setting up the EMR system was through no fault of Armor but, rather, due to infrastructure issues with the NCCC buildings.

NCCHC requires a facility/provider to apply for accreditation either as a facility with an infirmary or a facility without an infirmary (see **J-G-03**). NCCC has an infirmary. However, the current infirmary is for male inmates only. NCCC has discussed the required variances from the SCOC to portion off part of the existing infirmary to accommodate female inmates, but due to security-related and other physical plant concerns a final determination as to whether to seek such variances has not yet been made. That said, the infirmary has been well staffed and run by Armor, and NCCC intends to continue the operations of that housing area. However, since it currently only accommodates males, Armor could not seek accreditation as a facility containing an infirmary.

These are just some examples upon which the Sheriff’s Department determined that the inability to obtain NCCHC accreditation was not ***through contractor’s own action or inaction***. Thus, no penalty could or should be imposed upon Armor with respect to this particular Performance Indicator.

Very truly yours,  
  
Michael J. Sposato  
Sheriff

cc: Karen P. Davies, Senior Vice President  
Armor Correctional Health Services, Inc.

**Auditor Follow Ups to Audit Responses Received from Armor Medical Services and the Nassau County Correctional Center**

See Armor’s response (Appendix F).

**Auditor’s Follow-up to the Introduction of Armor’s Response:**

*At Armor’s request, the auditors changed Exhibit III (page 3), Statement of Income, to reflect that New York includes both Nassau and Niagara Counties and does not include Corporate Support (overhead).*

*In addition, Armor also requested a change to Footnote 4 (page 2), which was revised by the auditors.*

*The term “Infirmary” has been removed or changed to read “onsite medical treatment area”, “at the Correctional Center” or “providing medical services”.*

See Sheriff’s response (Appendix G).

**Auditor’s Follow-up to the Introduction of the Sheriff’s Response:**

*At the Sheriff’s request, the term “Infirmary” has been removed or changed to read “onsite medical treatment area”, “medical equipment”, “at the correctional center” or “providing medical services”.*

*On page 3, the auditors changed “to reduce costs” to the exact wording of the RFP “provide quality and cost effective comprehensive” care.*

**Auditor’s Response to Findings:**

**(1) Armor Experienced 60% Employee Turnover Rate at the Correctional Center During 2014-2015**

See Armor’s response (Appendix F).

*We reiterate our recommendation “Armor should take immediate steps to hire and retain a quality medical staff”.*

*We also believe 60% employee turnover between 2014 and 2015 should have been addressed as a clear sign of management and personnel issues.*

**(2) The Correctional Center Does Not Have a Medical Professional on Staff to Oversee the Medical Contractor, Contrary to NYS Correction Law and the Contract Requirement**

See the Sheriff’s response (Appendix G).

*Per the Sheriff’s response, in April 2016, the County appointed an interim “Health Contract Administrator (monitor)” who is employed at the Nassau County Department of Health as a “Director of Maternal and Child Health Services”.*

*Auditor’s reiterate that this position was vacant from 2011 to 2016 and reemphasize the importance of having a medical professional on site at the Correctional Center to oversee the medical care provided by the contractor.*

*The auditors also recommend again that the Correctional Center comply with NYS Correction Law and hire a County employed physician.*

**(3) Armor Failed to Adequately Document Required Employee Background and Reference Checks**

See the Armor and Sheriff responses (Appendices F and G).

*We commend Armor for accepting our recommendation regarding placing a clearance document email into each employee’s personnel file.*

*We reiterate that medical references should be checked and documented in the employees’ personnel files.*

**(4) Armor Has Not Implemented the Current National Standards for Health Services in Correctional Centers and is not in Compliance with its own Policy Requiring Annual Reviews**

See Armor’s response (Appendix F).

*On two occasions (at the beginning of Field work and at the end of Field work), the auditors requested and received Armor’s Policy and Procedural manual used by medical professionals at the jail.*

*We reviewed both sets of Policies and Procedures before issuing our report and noted that all but two sections were dated 2011 and not updated to the 2014 national standards issued by the NCCHC.*

*After the exit conference, Armor provided us with policies that are dated 2014, 2015, and 2016; however, auditors noted that these polices are not signed by Armor’s Medical Director.*

*Current updated policies should be available to the medical care providers at the jail.*

**(5) The County Reduced Inmate Health Costs an Average of \$8.5 Million Annually, Including Lower Correctional Salaries by Having In-House Medical Services**

See the Armor and Sheriff responses (Appendices F and G).

*Per Exhibits VI & VII, medical services costs have been reduced every year under the Armor contract and Correction Officer Overtime has been reduced by having an In-house medical treatment area.*

*We reiterate our recommendation, “An on-site medical treatment area has significant cost benefits if adequate health care is provided. This should be considered when reviewing RFPs for future medical services.”*

**(6) Armor’s Medical Records Were Inadequate and Did Not Comply with Federal Requirements**

See the Armor and Sheriff responses (Appendices F and G).

*At the exit conference, Armor stated that they use electronic medical records at 23 out of 28 facilities where they provide medical services. Several of these facilities are using wireless technology.*

*The Sheriff’s response states “that all necessary equipment and technological work is almost complete, and the project is nearing conclusion”. However the sheriff did not provide any details as to why this had not been accomplished since the Armor Contract was executed in June 2011.*

*Research shows other jails have been utilizing secure wireless systems since 2011.*

**(7) Correctional Center Failed to Assess Contract Performance Data and Impose Contractually Permitted Penalties on Armor**

*Included in this report is a separate letter from the Sheriff to the Comptroller dated September 29, 2016, (see pages 50 and 51 of this report) that addresses contract performance and assessments.*

*The Sheriff’s Department stated that Armor’s failure to attain accreditation is not due to its own actions or inaction, but due to factors beyond its control as it relates to certain NCCHC standards.*

*The Sheriff mentions examples of difficulties in three areas. However, the Comptroller’s Office staff has found instances where other facilities had been granted accreditation without meeting all the standards.*

*The auditors were not provided with performance metrics from the Sheriff’s office during the audit. An administrator at the jail stated to audit staff that July 2016 was the first month that the Sheriff was provided with performance metrics. Armor stated at the Exit Conference that the Correctional Center had never previously asked them to provide performance metrics.*

## **Appendix H – Auditor’s Follow-Up Response**

---

*Auditors reiterate that the Jail did not have a health contract administrator to assess penalties as this position was vacant from 2011 to 2016.*

*The requirement to obtain NCCHC accreditation was in the RFP and attempts should have been made by both the Correctional Center and Armor to obtain national accreditation. They conceded they made no attempts to obtain certification. .*

### **(8) Armor was Unable to Provide a Listing of Contractually Required Infirmery Equipment Purchases**

See the Armor and Sheriff responses (Appendices F and G).

*After the exit conference, a list of medical equipment was provided by Armor which is included with the Armor response in this report.*

*We reiterate our recommendation that the Correctional Center should consult with the County Attorney regarding the status of medical equipment, since the contract is not being renewed (and expires May 31, 2017).*

### **(9) Offsite Medical Expenses Lacked Review by a County Medical Professional**

See the Armor and Sheriff responses (Appendices F and G).

*Per the Sheriff’s response, in April 2016, the County appointed an interim “Health Contract Administrator (monitor)” who is employed at the Nassau County Department of Health as a “Director of Maternal and Child Health Services”.*

*We reiterate our recommendation that the Correctional Center hire a Health Contract Administrator as required by the contract, with extensive knowledge in the medical billing field to ensure that claim vouchers are reviewed by a medical professional.*

### **(10) Armor’s Key Statistical Reporting Contained Errors**

See Armor’s response (Appendix F).

*Armor acknowledged the formula error and advised they have taken steps to correct it. With regard to the electronic medical records, Armor would like the County to make the necessary changes at the Correctional Center required to implement an Electronic Medical Records system.*

### **(11) The State Commission of Correction has Issued Strong Recommendations to Armor after Reviewing the Deaths of Five Patients at the Correctional Center**

See the Armor and Sheriff responses (Appendices F and G).

*The Sheriff expressed a question as to the methodology used by the auditors for this finding. The auditors obtained and reviewed all New York State Commission of Correction final reports in the*

## **Appendix H – Auditor’s Follow-Up Response**

---

*matter of the death of the inmates at the Nassau County Correctional Center. These reports had been previously sent to the Correctional Center and other County officials. The auditors compiled the State’s recommendations to produce the Exhibits in Finding (11).*