Final Report of the
New York State Commission of Correction:

In the Matter of the Death of

James Williams,
an incarcerated individual of the
Fishkill Correctional Facility

March 29, 2022

To: Honorable Anthony Annucci
   Acting Commissioner
   NYS Department of Corrections
   And Community Supervision
   The Harriman State Campus
   1220 Washington Avenue
   Albany, New York 12226

Allen Riley
   Chairman

Thomas J. Loughren
   Commissioner

Yolanda Canty
   Commissioner
GREETINGS:

WHEREAS, the Medical Review Board has reported to the NYS Commission of Correction pursuant to Correction Law, section 47(1)(d), regarding the death of James Williams who died on April 9, 2020, while an incarcerated individual in the custody of the NYS Department of Corrections and Community Supervision at the Fishkill Correctional Facility, the Commission has determined that the following final report be issued.

FINDINGS:

1. James Williams was a 69-year-old male who died on 4/9/20 as a result of Covid-19 infection in an individual with metastatic small cell carcinoma of the left lung while in the custody of the New York State Department of Corrections and Community Supervision (NYS DOCCS) at the Fishkill Correctional Facility (CF). Williams was housed in the Regional Medical Unit (RMU).

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4. In May 2016, Williams was received at the Downstate Correctional Facility on a parole violation. Williams was then transferred to Adirondack CF. In June 2016, Williams was transferred to Gowanda CF. In July 2016, Williams was transferred to Groveland CF.

5. In July 2017, Williams was admitted to the Wende RMU. In December 2018, Williams transferred to the Fishkill RMU.

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18. DOCCS Office of Special Investigations reviewed this case and found that from 6:15 a.m. on 4/9/20 until Williams was pronounced dead on 4/10/20, the nursing staff failed to document any nursing assessments, interventions, vital signs, or mental status assessments. This was a violation of DOCCS Health Services Policy 4.06 Regional Medical Unit and Infirmary Records. Per the policy, nursing notes will be written that reflect the implementation and results of the doctor's orders and the nursing care plan. There was no documentation to indicate that the facility medical provider was notified of Williams’ decline and grave medical condition. It was recommended that health services implement a plan to ensure compliance with Health Services Policy 4.06 Regional Medical Unit and Infirmary Records. The corrective action plan was implemented and all staff were retrained in health services policy 4.01 Inmate Health Records, 4.06 Regional Medical Unit and Infirmary Care, and policy 1.16 Administering Medication and documentation. The Medical Review Board has found the corrective action taken by DOCCS in this matter to be acceptable.

ACTIONS REQUIRED:

TO THE ACTING COMMISSIONER OF THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION:

That this case be closed as natural causes.

WITNESS, HONORABLE THOMAS J. LOUGHREN, Commissioner, NYS Commission of Correction, Alfred E. Smith State Office Building, 80 South Swan Street, 12th Floor, in the City of Albany, New York 12210 on this 29th day of March, 2022.

Thomas J. Loughren
Commissioner & Chair
Medical Review Board

TJL:DC:jdb
2020-M-0033
March 2022

cc: Dr. Carol Moores, Acting Deputy Commissioner, Chief Medical Officer
Bryan Hilton, Assistant Commissioner for Mental Health
Superintendent Edward Burnett, Fishkill CF