NEW YORK STATE | Commission of Correction

Final Report of the New York State Commission of Correction:

In the Matter of the Death of

Giovanni Peccerillo (15A3338), an incarcerated individual of the Sing Sing 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 Giovanni Peccerillo who died on May 30, 2019, while an incarcerated individual in the custody of the NYS Department of Corrections and Community Supervision at the Sing Sing Correctional Facility, the Commission has determined that the following final report be issued.

FINDINGS:

1. On 5/30/19, Giovanni Peccerillo died from a suicidal hanging while in the custody of the New York State Department of Corrections and Community Supervision (NYS DOCCS) at the Sing Sing Correctional Facility (CF).

2. Peccerillo was serving a sentence of 15 years for the charge of Course Sexual Conduct with a Child 1st Degree. [redacted]. The instant offense was Peccerillo's first felony conviction and New York State incarceration. Peccerillo was arrested in Florida on 4/15/14 as a fugitive in the instant offense and was taken into custody at LaGuardia Airport on 4/23/14. In the instant offense, between October 1998 and February 2002 at a location in Suffolk County, Peccerillo sexually abused his ex-girlfriend's three-and-a-half year-old and six-year-old daughters.

3. [redacted].

4. [redacted].

5. On 8/13/15, Peccerillo was received in NYS DOCCS at the Downstate CF from the Suffolk County Jail [redacted].

6. [redacted]

7. In September 2015, Peccerillo was transferred from Downstate CF to Attica CF.

8. [redacted]

9. [redacted]

10. [redacted]

11. [redacted]. This was noted in the investigation completed by Mental Health. Per the Office of Mental Health's quality assurance review, the recommendation was made for the Attica CF Acting Unit Chief to review Corrections Based Operations Manual policy number #9.9 Admission Screening Form with all clinical staff with the emphasis on the importance of ensuring that all clinical documentation is accurate including across databases. This review was completed on 10/1/19.

12. [redacted].

13. [redacted] The Medical Review Board opines that there were documented clinical signs of depression with obvious warning signs and questions the accuracy of Peccerillo's diagnosis.

14. [redacted].

15. [redacted]

[redacted].

16. [redacted].

17. In July 2018, Peccerillo was transferred to Eastern CF.

18. [redacted]

19. [redacted]

20. [redacted].

21. [redacted]

22. [redacted]

23. On 9/14/18, Peccerillo was discharged [redacted] to general population.

24. [redacted]

[redacted]

25. [redacted].

26. [redacted].

27. [redacted]

28. [redacted] The Medical Review Board finds that there was a failure by DOCCS medical to note and adequately address Peccerillo's high blood pressure findings.

29. [redacted] The clinician that completed the core history update did not utilize a new form and instead wrote the information as an update to a core history that had been completed on 4/11/16 during a previous episode of care. This issue was identified by the Office of Mental Health during their quality assurance review and a clinical supervision was conducted by the Attica CF Acting Unit Chief to assure Corrections Based Operations Manual Policy #9.14 Core History practice was accurate.

30. [redacted]

[redacted].

31. [redacted].

32. [redacted]

33. [redacted]

34. [redacted].

35. [redacted].

36. [redacted].

37. [redacted].

38. [redacted]

[redacted]

39. [redacted]

40. [redacted]

41. [redacted]

42. [redacted]

43. [redacted].

44. [redacted]

45. [redacted]

46. [redacted]

47. [redacted].

48. [redacted].

49. [redacted].

50. [redacted].

51. [redacted]

[redacted].

52. [redacted]

53. [redacted]

54. [redacted].

55. [redacted]

[redacted].

56. [redacted].

57. [redacted].

58. [redacted].

59. [redacted].

60. [redacted].

61. On 2/25/19, Peccerillo arrived at Sing Sing CF from Eastern CF. [redacted]

[redacted].

62. [redacted].

63. [redacted].

64. [redacted].

65. [redacted].

66. [redacted].

67. [redacted].

68. [redacted].

69. [redacted]

[redacted].

70. [redacted]

71. On 5/30/19 at 1:30 a.m. Peccerillo was last seen alive on security rounds and count. Peccerillo was housed in OA-MN-74S general population. At 2:02 a.m., CO M.J. found Peccerillo kneeling in the back-left corner of the cell with one end of a sheet tied around the neck and the other end secured to a shelf on the back wall of the cell. A medical response called at 2:05 a.m. CO M.J., CO A.B., CO E.B., and CO M.D. entered the cell and CO M.D. cut the sheet from Peccerillo's neck. Peccerillo was placed in the gallery outside the cell and CPR was initiated. RN [redacted]. arrived. [redacted] Ossining Volunteer Ambulance arrived at 2:25 a.m. [redacted]

ACTIONS REQUIRED:

TO THE DEPUTY COMMISSIONER OF THE NYS DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION, DIVISION OF HEALTH SERVICES:

The Deputy Commissioner shall conduct a quality assurance review with medical providers at Eastern CF regarding why Peccerillo's findings of an elevated blood pressure on 9/25/18 were not addressed and not scheduled for follow up. A report of findings and corrective actions taken shall be provided to Medical Review Board upon completion.

In a response to the Commission's preliminary report dated 1/19/22, DOCCS Deputy Commissioner of Health Services indicated that the requested reviews were completed with corrective action(s) taken.

TO OFFICE OF MENTAL HEALTH, DIVISION OF FORENSIC SERVICES:

The Medical Review Board requests that a review of Peccerillo's psychiatric care be conducted with a review of his diagnoses and their clinical appropriateness given his documented signs indicating possible depression. A report of findings and corrective actions taken shall be provided to Medical Review Board upon completion.

In a response to the Commission's preliminary report dated 1/18/22, the Office of Mental Health

indicated that the requested reviews were completed with corrective action(s) taken.

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
2019-M-0052
March 2022

cc: Dr. Carol Moores, Acting Deputy Commissioner, Chief Medical Officer
Bryan Hilton, Assistant Commissioner for Mental Health
Superintendent Michael Capra, Sing Sing CF
Dr. Li-Wen Lee, Associate Commissioner
Division of Forensic Services, NYS Office of Mental Health
Danielle Dill, Executive Director, CNYPC
William Vertoske, Deputy Director of CBO, CNYPC
Meaghan Bernstein, Director of CBO Risk Management, CNYPC