



**Commission of  
Correction**

**Final Report of the  
New York State Commission of Correction:**

**In the Matter of the Death of**

**Nicholas Laffin,  
an incarcerated individual of the  
Cattaraugus County Jail**

**March 26, 2025**

**To: Sheriff Eric Butler  
Cattaraugus County Sheriff's Office  
301 Court Street  
Little Valley, New York 14755**

**Allen Riley**  
*Chairman*

**Yolanda Canty**  
*Commissioner*

**Elizabeth Gaynes**  
*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 Nicholas Laffin, who died on April 11, 2024 , as a result of circumstances which occurred while an incarcerated individual in the custody of the Cattaraugus County Sheriff at the Cattaraugus County Jail, the Commission has determined that the following final report be issued.

FINDINGS:

1. Nicholas Laffin was a 28-year-old male who died on April 11, 2024, from a suicide by hanging while in the custody of the Cattaraugus County Sheriff at the Cattaraugus County Jail.
2. [REDACTED] In December 2023, Laffin was charged in Orleans County, NY with Criminal Possession of Obscene Material, Criminal Sex Act 2<sup>nd</sup> Degree, Rape 2<sup>nd</sup> Degree, Acting in a Manner Injurious to a Child less than 17, and False Written Statement. These charges were held for grand jury on 2/14/24. Additionally, Laffin was held on a US Marshal's detainer for pending federal criminal charges, however the exact charges were not available to the Commission. All his pending charges were abated by his death on 4/11/24.
3. [REDACTED]
4. On 12/31/23 at 11:40 p.m., Laffin was received at the Orleans County Jail on a US Marshal's detainer. Corrections Officer (CO) J.M. documented on form ADM 330 Suicide Prevention Screening Guidelines (ADM 330) that Laffin [REDACTED] CO J.M. documented that non-emergent referrals were made to medical and mental health.
5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. On 1/6/24 at 8:20 p.m., Laffin was transferred by the US Marshal's to the Monroe County Jail. CO K. processed Laffin's admission to jail [REDACTED]

[REDACTED] Laffin reported having no other concerns. CO K. documented that Laffin was referred to medical and mental health staff. [REDACTED]

13. [REDACTED]

[REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. On 1/8/24, Laffin was transferred from the Monroe County Jail to the Cattaraugus County Jail as a US Marshal detainee. At admission, CO R.B. documented that Laffin [REDACTED] CO R.B. noted that Laffin scored a total of two points on the suicide prevention screening.

18. On 1/8/24, CO S.S. documented on the initial risk screening that Laffin [REDACTED] CO S.S. noted that Laffin appeared normal. CO S.S. made a non-emergent referral to medical and mental health.

19. [REDACTED]

20. [REDACTED]

21.

[REDACTED]

22.

[REDACTED]

23.

[REDACTED]

24.

[REDACTED]

25.

[REDACTED]

26.

[REDACTED]

A review of the clinical documentation by the Medical Review Board revealed that the notation documented by RN [REDACTED], contradicted the findings by Dr. [REDACTED]. During an interview with Commission staff, RN [REDACTED] indicated that a nursing clinical note is generated based on the information the patient was providing to the psychiatrist during the clinical encounter. Whether the clinical note by RN [REDACTED] was from Laffin's presentation to Dr. [REDACTED] or was from a separate assessment was not indicated. The Medical Review Board opines that patient records should accurately reflect the objective clinical findings and/or clearly state if the documented findings are the result of another clinician or provider's assessment.

27.

[REDACTED]

28.

[REDACTED]

29.

[REDACTED]

30.

[REDACTED]

31.

[REDACTED]

32.

[REDACTED]

33.

On 3/10/24, Laffin was issued a disciplinary misbehavior report by CO D. for covering his cell completely with his jail issued belongings. Laffin refused to remove the items until he was moved off B4 block. CO D. called for additional staff who responded, and Laffin removed all the coverings. Sergeant (Sgt.) R. authorized the move of Laffin to D5 block. Laffin pled guilty at his disciplinary hearing and received 10 days of double lock with 20 days probation.

34.

[REDACTED]

35.

[REDACTED]

The Medical Review Board has found that there was an inadequate assessment of Laffin's report of side effects due to the medications. There were notations made by Dr. [REDACTED] that Laffin had muscle strength and tone appeared normal, had no tremors or TD (tardive dyskinesia), had normal range of motion and normal gait and station. It is not indicated in the documentation how these physical findings were assessed remotely and if RN [REDACTED]

assisted Dr. [REDACTED] with the assessment. Additionally the Medical Review Board notes that RN [REDACTED] documented findings contradicted those of Dr. [REDACTED] regarding Laffin's reported symptoms of hallucinations.

36.

[REDACTED]

37. On 4/10/24 at 10:35 p.m., CO B.M. completed a floor count. CO B.M. documented that Laffin was present and no issues were noted.

38. On 4/10/24 at 10:55 p.m., CO H.M. completed a supervisory tour to begin the shift and confirm the general population count. CO H.M. documented that Laffin was present in D5-2 cell with no issues noted.

39. On 4/10/24 at 11:53 p.m., CO H.M. was conducting a supervisory tour and found Laffin hanging by his neck from material attached to the bars of his cell. CO H.M. immediately called for assistance and turned on the lights. CO J.O. responded and gave CO H.M. the cut down tool and then went to retrieve the medical bag and Automated External Defibrillator (AED). CO D.M. responded and opened the cell door. CO H.M. cut Laffin down from the bars and Laffin was lowered to the floor. At 11:58 p.m., Sgt. L.G., Sgt. D.F., Sgt. J.W., and CO D.D. arrived. CO D.D. checked and found Laffin pulseless. CO D.D. immediately began Cardiopulmonary Resuscitation (CPR). Sgt. L.G. applied the AED, there was no shock advised, and CPR continued. CO D.D. inserted an oropharyngeal airway to begin artificial ventilations. CPR and artificial ventilation continued until Emergency Medical Services (EMS) arrived. At 12:20 a.m., Randolph EMS arrived

[REDACTED]

ACTIONS REQUIRED:

TO THE JAIL PHYSICIAN FOR THE CATTARAUGUS COUNTY JAIL:

1. The Jail Physician shall conduct of review of nursing documentation for psychiatric encounters to assure that notes accurately indicate clinical findings.
2. The Jail Physician shall conduct a review of the psychiatric assessment regarding Laffin's reported medication side effects and how his reported physical findings were

assessed in the remote setting.

A report of the findings and any corrective actions taken shall be provided to the Medical Review Board upon completion.

*In a response to the Commission's preliminary report, the Cattaraugus County Sheriff office indicated that the jail physician conducted the requested quality assurance reviews and implemented practice improvements. The Commission will verify the corrective actions taken at a later scheduled health services evaluation.*

WITNESS, HONORABLE YOLANDA CANTY, Commissioner, NYS Commission of Correction, Alfred E. Smith State Office Building, 80 South Swan Street, 12<sup>th</sup> Floor, in the City of Albany, New York 12210 on this 26<sup>th</sup> day of March 2025.



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Yolanda Canty  
Commissioner  
Commission of Correction

YC:AL:vc  
2024-M-0057  
March 26, 2025