

TO: NV State Board of Prison Commissioners  
FROM: Mercedes Maharis MA MS MA  
RE: NV Dept of Corrections  
Date: 17 Dec 2013

Honorable Commissioners:

Why are Static-99R's under review for release to me? They are still public information.

Please read this: <http://www.static99.org/pdfdocs/certifiedtrainercriteria.pdf> I am requesting official training and certification for anyone administering the Static-99Rs; also, prisoner review of what is being sent to the parole board before it arrives with a way to correct errors beforehand.

AR 420

Under autopsies and toxicology reports (2)

Shouldn't it read 72 hours after notification of the death? Instead of after the death?

Plus, under "Medical staff shall notify the family or next of kin, shouldn't power of attorney designee be added, too?"

Questions: Is it fair or legal for NDOC officials and the State to ask our prisoners to sign Property Claim Release Agreements with representation for them? Case in point, a deal struck about a cd player that went missing during a cell move that was not replaced. CD's without players are not productive in brain health protection. It has been over 1.5 years since it disappeared.

Why is NDOC selling inferior TV's with no extended warranties? Very expensive to replace and not possible for many to do so.

In closing, I am requesting accreditation by the [National Commission on Correctional Health Care](#) for our prisons to help prevent more deaths. See brochure that I have submitted. The cost is nominal to initiate and sustain this in future years. See page 2 of 2 of this transmission.

A little education goes a long way.

*Mercedes Maharis MA MS MA*

Yours truly,  
Mercedes Maharis MA MS MA  
1910 W Oakey Blvd.  
Las Vegas, NV 89102  
Lifetime Member CURE, Washington, DC  
Past Director NV CURE

**Cost Estimates Nov 2013 from the National Commission on Correctional Health Care: Contact [elizabethpiatek@ncchc.org](mailto:elizabethpiatek@ncchc.org)**

<b>Facility</b>	<b>ADP</b>	<b>Satellites</b>	<b>Application Fee*</b>	<b>Initial Accreditation</b>	<b>Annual</b>
<b><u>Accreditation**</u></b>					
<b>Ely State Prison</b>	<b>1,150</b>	<b>0</b>	<b>\$250</b>	<b>\$8,995</b>	<b>\$4,497</b>
<b>Northern Nevada CC</b>	<b>1,619</b>	<b>0</b>	<b>\$250</b>	<b>\$10,161</b>	<b>\$5,080</b>
<b>High Desert State Prison</b>	<b>4,176</b>	<b>0</b>	<b>\$250</b>	<b>\$16,303</b>	<b>\$8,152</b>
<b>Southern Desert CC</b>	<b>2,149</b>	<b>0</b>	<b>\$250</b>	<b>\$11,800</b>	<b>\$5,900</b>
<b>Lovelock</b>	<b>1,680</b>	<b>0</b>	<b>\$250</b>	<b>\$10,312</b>	<b>\$5,156</b>
<b>Florence McClure Women's CC</b>	<b>950</b>	<b>0</b>	<b>\$250</b>	<b>\$8,211</b>	<b>\$4,106</b>
<b>Warm Springs CC(WSCC)</b>	<b>532</b>	<b>0</b>	<b>\$250</b>	<b>\$6,826</b>	<b>\$3,415</b>



National Commission on  
Correctional Health Care

# Accreditation: Pursuit of Excellence

RECOGNITION FROM THE MOST RESPECTED  
NAME IN CORRECTIONAL HEALTH CARE



*“NCCHC accreditation is a badge of honor and prompts us to excel in the delivery of correctional medical care.”*

—Health Services Administrator, Clayton County  
Detention Facility, Jonesboro, GA

**For more than 35 years NCCHC has been at the forefront of correctional health care. With our pioneering work and expertise in establishing correctional health care standards, we have helped thousands of correctional systems provide health services qualified to meet constitutional requirements and standards in the most cost-effective ways. Our success—and the success of facilities that have been accredited by NCCHC—is unparalleled.**

## **Benefits of NCCHC Accreditation**

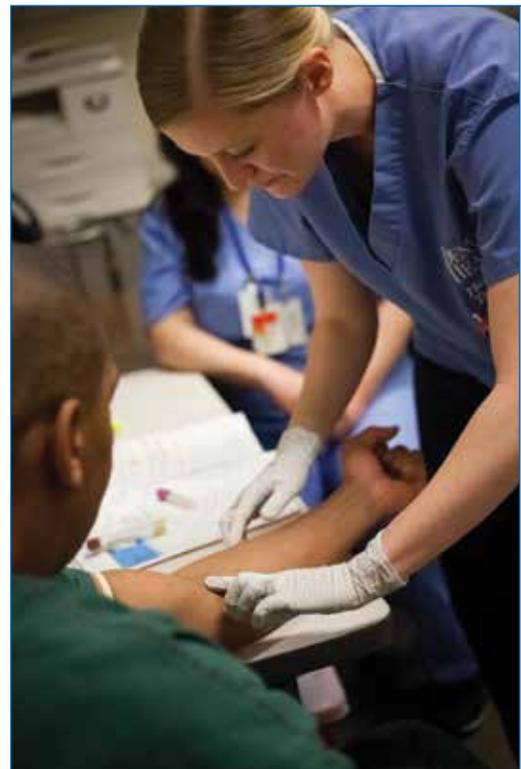
Accreditation provides public recognition that correctional health care providers and facilities are meeting national standards. It reduces exposure to costly liability and recognizes the institution's commitment to meeting quality goals and using acceptable practices.

Correctional health care facilities use the accreditation application process to finetune their policies and streamline their operations. NCCHC surveyors conduct an extensive on-site review and bring years of experience and familiarity with NCCHC standards and best practices in correctional health care.

- Validates with objective criteria the areas in which the health care facility is doing well and the areas for improvement
- Promotes and documents an efficient, well-managed system of health care delivery with feedback from knowledgeable correctional health care professionals
- Protects the institution by minimizing the occurrence of adverse events, thus avoiding health-care related lawsuits and grievances and often reducing liability premiums
- Educates and trains staff on NCCHC standards, with the benefit of introducing new efficiencies and standard practices
- Recognizes staff contributions and excellence, improves morale and aids recruiting
- Helps obtain community support and provides justification for budget requests
- Protects the health of the public, staff and inmates by assuring that those incarcerated and released receive adequate and appropriate health care

## **Unmatched Expertise**

- NCCHC is the oldest, most respected and most influential organization in correctional health care, with the support of leading organizations in health, law and corrections.
- NCCHC's *Standards for Health Services* are recognized by the medical profession and the courts as the benchmark for establishing and measuring a correctional health services system.
- NCCHC has a history of success in guiding the nation's jails, prisons and juvenile detention and confinement facilities toward continual improvement in health care delivery.
- Accreditation by NCCHC is a mark of achievement that you can proudly share with government officials and community leaders.



Thank you to the  
Denver Sheriff's Department for  
allowing NCCHC to take the photos  
in this brochure.

## Health Services Standards

Accreditation is based on NCCHC's *Standards for Health Services*. The *Standards* are the recommended guidelines for managing the delivery of medical, dental and mental health care within correctional systems.

The *Standards* were first developed in the 1970s as part of the American Medical Association's initiative to improve health services in the nation's correctional facilities. NCCHC emerged from the AMA initiative and continues this rich legacy of practice to promote quality health care in corrections.

Separate standards exist for health care delivery in jails, prisons and juvenile detention and confinement facilities. The *Standards* emphasize quality and outcomes and offer great flexibility in how to achieve results.

### Get Started

The first step in the accreditation process is to review the *Standards for Health Services* appropriate to your correctional setting and to complete an application for accreditation. Read more about the process, order a copy of the *Standards* and/or download the application by visiting our website at [www.ncchc.org](http://www.ncchc.org).

NCCHC approaches surveys as an educational experience for you and your staff. We are committed to helping you achieve compliance with the standards and benefit from the experience. The facility will receive a comprehensive written report to assist your continuing compliance.



**For more information,  
contact us today ...**

#### **National Commission on Correctional Health Care Accreditation Department**

1145 W. Diversey Parkway  
Chicago, IL 60614

Tel: 773-880-1460 • Fax: 773-880-2424

[accreditation@ncchc.org](mailto:accreditation@ncchc.org)

[www.ncchc.org/accreditation-programs](http://www.ncchc.org/accreditation-programs)

The cost of accreditation is based on the facility type (i.e., jail, prison, juvenile), its average daily population, whether it has satellite operations, what special medical services it provides and other factors. We will provide an estimate of accreditation fees for your site.

***“The NCCHC standards and accreditation process ensure that we as an institution continue to provide the service required at an exceptional level. This is a great program.”***

— Associate Warden, Lakin Correctional Facility for Women, West Columbia, WV

## About the National Commission

Our mission is to improve the quality of health care provided in jails, prisons and juvenile confinement facilities. With support from the major national organizations representing the fields of health, law and corrections, NCCHC's leadership in setting standards for health services is widely recognized and its accreditation program is unsurpassed. Building on that foundation, we offer a broad array of resources to help correctional health care systems provide efficient, high quality care. NCCHC resources include:

**Educational Programs** featuring extensive coverage of correctional health care challenges and practices, mental health care and leadership training.

**The Certified Correctional Health Professional (CCHP)** designation shows mastery of national standards and specialized correctional health care knowledge. Additional certifications include Advanced Certification (CCHP-A), Mental Health Certification (CCHP-MH) and Registered Nurse Certification (CCHP-RN).

**NCCHC's CorrectCare® and the Journal of Correctional Health Care** are the leading periodicals in this field.

**Guidelines for Disease Management** are available for free download to help correctional health professionals manage diseases commonly found in jails, prisons and juvenile facilities.

**Position Statements**, available for free download, can assist correctional facilities in designing policies and procedures.

**Correctional Health Outcomes and Resource Data Set (CHORDS)** is an innovative, client-driven quality improvement initiative sponsored by NCCHC.

**Other Accreditation Programs offered by NCCHC** include delivery of mental health services. NCCHC also accredits opioid treatment programs in correctional facilities.

## Supporting Organizations

Academy of Correctional Health Professionals  
Academy of Nutrition and Dietetics  
American Academy of Child and Adolescent Psychiatry  
American Academy of Pediatrics  
American Academy of Physician Assistants  
American Academy of Psychiatry and the Law  
American Association of Public Health Physicians  
American Bar Association  
American College of Emergency Physicians  
American College of Healthcare Executives  
American College of Neuropsychiatrists  
American College of Physicians  
American College of Preventive Medicine  
American Correctional Health Services Association  
American Counseling Association  
American Dental Association  
American Health Information Management Association  
American Jail Association  
American Medical Association  
American Nurses Association  
American Osteopathic Association  
American Pharmacists Association  
American Psychiatric Association  
American Psychological Association  
American Public Health Association  
American Society of Addiction Medicine  
Association of State and Territorial Health Officials  
International Association for Correctional and Forensic Psychology  
National Association of Counties  
National Association of County and City Health Officials  
National Association of Social Workers  
National Medical Association  
National Partnership for Juvenile Services  
National Sheriffs' Association  
Society for Adolescent Health and Medicine  
Society of Correctional Physicians

Visit [www.NCCHC.org](http://www.NCCHC.org) for more information on accreditation and other NCCHC resources.

*“We discovered that the accreditation process was a valuable learning process for our staff. It brought us together as a team even more. It validated our belief in our health care delivery system and improved our credibility within the facility.”*

—Health Services Manager, Montana State Prison, Deer Lodge, MT

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**LAS VEGAS SUN**

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# Corrections department flouts new law requiring autopsies for inmates who die in custody

By **Ana Ley (contact)** 

Monday, Dec. 16, 2013 | 2 a.m.

More than two months after prison inmate Richard Ferst's corpse was discovered inside a cell at the Northern Nevada Correctional Center, it remains unexamined inside a cold chamber at a funeral home in Carson City.



Ferst's mother, Sandy Morningstar of Las Vegas, hopes preserving the body will help reveal how her son died — something prison officials haven't explained.

Following her son's wishes, Morningstar wants to scatter Ferst's ashes into the Pacific Ocean at Newport Beach, Calif., where he grew up. It was Ferst's favorite place.

"Because of their screwing around, my son is still in a refrigerator," Morningstar said. "It's maddening."

Ferst is one of four state prison inmates who died in October at the same facility under the care of the Nevada Department of Corrections. Officials never said whether a death investigation was requested in the cases. Three other prisoners have since died at other facilities, and autopsies revealed a cause and manner of death for two of them.

Relatives and civil rights advocates say they have grown increasingly frustrated by the prison system's lack of urgency in determining why some of the men died.

The Nevada Department of Corrections did not request a postmortem examination for Ferst after he died Oct. 5, even though a new state law, effective June 2, requires department officials to do so for any inmate who dies under prison care. The law was openly endorsed earlier this year by prisons director Greg Cox, who did not respond to requests for comment via the department's public information office.

A spokeswoman for Gov. Brian Sandoval's office said the issue was being investigated by the Department of Corrections and the Attorney General's Office. Neither agency addressed requests for comment about the rule's implementation.

Before the law passed, coroners contracted by each prison had the authority to request the procedure only if deemed necessary. Under the new regulation, an autopsy is to be automatic unless a relative objects within three days of the death.

The change brought Nevada's inmate death procedures more in line with that of other states, said Andrew Spivak, a sociology professor at UNLV and former research analyst with the Oklahoma Department of Corrections.

Utah's state-run Medical Examiner's Office, for example, takes custody of anyone who dies while in prison. Similarly, California's county coroners and medical examiners are required to determine a cause and manner of death for anyone who dies in prison or while under a sentence.

Such policies are designed to protect corrections departments from liability, Spivak said.

"As (corrections departments) become much more bureaucratized and much more scrutinized, they implement this type of policy," Spivak said. "In corrections, one of the things they always want to show is that they have a certain transparency and show that they offer a relatively safe environment."

Nevada's prison system lacks transparency and must share more information with the public about the death of its inmates, said Tod Story, executive director of the American Civil Liberties Union's Nevada chapter.

"Our concern, specifically, is dealing with the Northern Nevada Correctional Center and the four deaths that occurred in one month at the same facility," Story said. "It raises questions, that being our concern there. We have had other issues at that facility that were brought to us by inmates."

The ACLU plans to launch an investigation into the recent string of deaths, though an information request from the advocacy group sent to NDOC in early November has not been acknowledged.

Prison officials have previously refused to discuss with the Sun the circumstances of four October deaths. The Nevada Attorney General's Office said the Department of Corrections only would provide basic information via press release.

"It's unfortunately too typical," Story said. "It's literally dragging of feet, or a process in which they would rather not provide the information. It would be the department's responsibility to explain why their response rate is so slow."

The ACLU asked for information about Ferst and three other inmates who died in October:

- Convicted cop-killer Larry Peck, 62, who died Oct. 4.
- Joseph Oxford-McArthur, 31, who was serving a one- to three-year sentence for domestic battery and was found unconscious Oct. 21 inside his cell before dying four days later at an area hospital.
- An unidentified inmate who died Oct. 21 at a medical facility inside the prison (officials said in an October press release that his name is not public because relatives had not yet been notified).

Prison officials ruled out foul play in all of the cases except for Oxford-McArthur's.

Three more men died in November. Autopsies were requested for each:

- Truman Walker, 67, was discovered Nov. 8 in his cell at High Desert State Prison after he hanged himself, the Clark County Coroner's Office concluded after an autopsy. He had been at High Desert in Indian Springs since August 2000, serving a sentence for open and gross lewdness.

- On Nov. 21, Robert Luttrell, 62, was found dead in his cell at Ely State Prison. Luttrell had been in prison since September 2006, serving a sentence of up to 30 years for robbery with a deadly weapons enhancement. His case originated in Washoe County. An autopsy conducted by Clark County's Coroner's Office determined he died of heart and lung diseases.

- A day after Luttrell's death, prison officials found Ward Bolinger, 64, dead inside his cell at High Desert State Prison, where he was serving up to 20 years for attempting to sexually assault a victim younger than 14 and for attempted lewdness with a minor. Bolinger had been behind bars for the crimes since March 2012. The Clark County Coroner's Office performed an autopsy, but officials there said results were not available because a toxicology report was pending.

So far this year, 31 Nevada state prisoners have died. The state's prison system had the 14th-highest mortality rate in the nation in 2007 at 299 per 100,000 inmates, according to the most recent data available from the U.S. Bureau of Justice Statistics. By comparison, Mississippi had the highest rate at 448 per 100,000 inmates.

Nevada had 12,778 state and federal inmates in late 2011.

Some were not surprised by the statistics, including state Sen. David Parks, D-Las Vegas. "I hate to hear that anybody dies while confined to prison, but I think it's probably a fact of life."

But state Sen. Tick Segerblom, D-Las Vegas, who backed the new autopsy requirement, said he was alarmed by seven deaths in two months — and especially that four occurred in one month at the same facility. "We just won't know what happened until we get these coroner's reports," he said.

Ferst's relatives have since decided to fund an autopsy at their own expense. Casey Landis, an attorney representing Morningstar, said a private autopsy would cost the family between \$4,000 and \$6,000, based on an estimate he received from a California-based service provider.

But before the private autopsy is performed, his family is reviewing medical records to learn how Ferst was being treated for a hepatitis C condition he battled for years. His family initially was told that he died at a prison infirmary after undergoing surgery to alleviate pressure inside his enlarged abdomen caused by cirrhosis, a scarring of the liver tissue brought on by hepatitis C. They later discovered his body actually had been found inside a prison cell.

Landis said Ferst's body was transferred to Walton's Chapel of the Valley in Carson City, where Ferst was to be cremated at no cost to the family, once relatives consented. The family never submitted paperwork to consent to the cremation, and instead Landis requested that Ferst's body be kept inside a cold chamber.

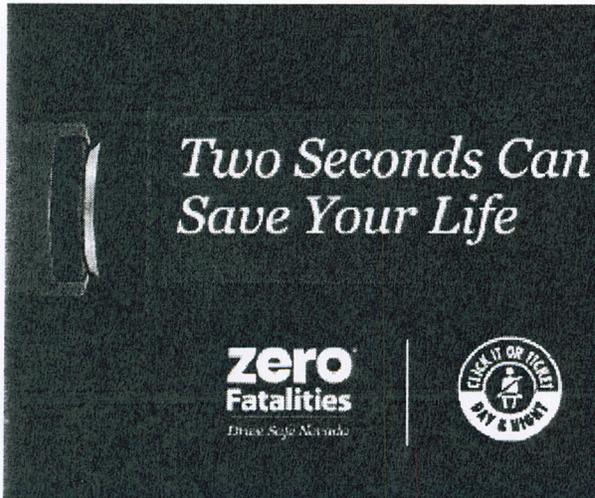
Obtaining information about Ferst has been a long and frustrating process for Morningstar, Landis said — officials with NDOC have yet to acknowledge requests for information, and it took the Attorney General's Office more than two weeks to release Ferst's medical history.

Jennifer López, a spokeswoman for Nevada Attorney General Catherine Cortez Masto, said releasing the records was an “effort (which) has involved verifying the consent to the release of Mr. Ferst’s personal medical information and the NDOC gathering over 1,000 pages of medical documents.”

Morningstar says she wants answers soon so she and her family can properly mourn Ferst.

“In my opinion, they’re just making things worse and worse and worse,” Morningstar said. “It’s very disheartening. I can’t put my son to rest.”

Staff writer Andrew Doughman contributed to this story.



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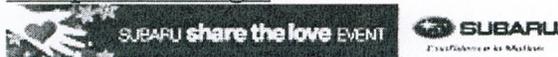
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