

U.S. Department of Labor  
Occupational Safety and Health Administration  
201 Varick Street  
Room 908  
New York, NY 10014  
Phone: 212-620-3200 Fax: 212-620-4121



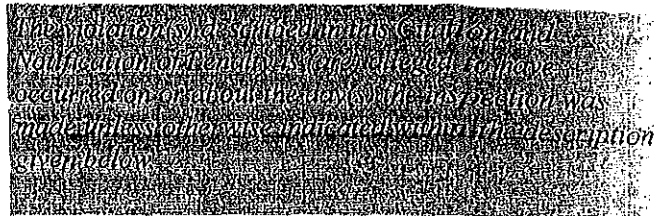
## Citation and Notification of Penalty

To:  
Corizon Health Inc., Correctional Medical Associates  
of NY, Correctional Dental Associates of NY, Valitas  
Health Services Inc. and its successors  
49-04 19th Avenue  
Astoria, NY 11105

**Inspection Site:**  
15-00 Hazen Street  
East Elmhurst, NY 11370

Attn: Susan Schranze  
Chief Operations Official, Rikers Island

**Inspection Number:** 957758  
**Inspection Date(s):** 02/07/2014 – 07/09/2014  
**Issuance Date:** 08/07/2014



This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you either call to schedule an informal conference (see paragraph below) or you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment

to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

**Right to Contest** – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.

**Penalty Payment** – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. You can also make your payment electronically on [www.pay.gov](http://www.pay.gov). On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on OSHA Penalty Payment Form. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$50,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will process the payments as if these restrictions or conditions do not exist.

**Notification of Corrective Action** – For each violation which you do not contest, you must provide *abatement certification* to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that *abatement documentation* is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

**Employer Discrimination Unlawful** – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**Notice to Employees** – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

**Inspection Activity Data** – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at [www.osha.gov](http://www.osha.gov). If you have any dispute with the accuracy of the information displayed, please contact this office.



## NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 08/07/2014. The conference will be held by telephone or at the OSHA office located at 201 Varick Street, Room 908, New York, NY 10014 on \_\_\_\_\_ at

\_\_\_\_\_. Employees and/or representatives of employees have a right to attend an informal conference.

**CERTIFICATION OF CORRECTIVE ACTION WORKSHEET**

**Inspection Number: 957758**

Company Name: Corizon Health Inc., Correctional Medical Associates of NY, Correctional Dental Associates of NY, Valitas Health Services, Inc.  
Inspection Site: 15-00 Hazen Street, East Elmhurst, NY 11370  
Issuance Date: 08/07/2014

List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: **U.S. Department of Labor – Occupational Safety and Health Administration, 201 Varick Street, Room 908, New York, NY 10014**

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

I certify that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

**NOTE: 29 USC 666(g) whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment of not more than 6 months or both.**

**POSTING:** A copy of completed Corrective Action Worksheet should be posted for employee review



**Citation and Notification of Penalty**

**Company Name:** Corizon Health Inc., Correctional Medical Associates of NY, Correctional Dental Associates of NY, Valitas Health Services, Inc.

**Inspection Site:** 15-00 Hazen Street, East Elmhurst, NY 11370

**Citation 1 Item 1** Type of Violation: **Willful**

OSH ACT of 1970 Section 5(a)(1): The employer did not furnish employment and a place of employment which was free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to the hazard of workplace violence.

LOCATION: Rikers Island Correctional Facility, throughout facility.

a). At Rikers Island, employees who provide medical, dental, and psychiatric care to inmates within health care clinics and on-housing units were exposed to physical assaults and threats. During routine interactions with inmates, employees were exposed to numerous incidents of violent behavior by inmates which have resulted in injuries to the head, eyes, face, hands, legs, and body from hits, kicks, punches, as well as exposure to bloodborne pathogens from human bodily fluids being thrown at them. Specifically:

(a) On or about February 11, 2014, while walking from the housing unit of the George R. Viernò Center (GRVC) to her office in the same center, a Corizon Health, Inc. mental health clinician was splashed about the head and neck with an unknown liquid substance thrown by an inmate.

(b) On or about March 3, 2014, while treating an inmate inside the Rose M. Singer Center (RMSC), a Corizon Health, Inc. mental health clinician was threatened with physical harm by another inmate if the clinician did not prescribe medication the inmate did not need.

(c) On or about March 22, 2014, a Corizon Health, Inc. mental health clinician was treating a patient in close proximity of her escort, a New York City Correctional Officer, when he was physically assaulted by an inmate of the GRVC.

(d) On or about April 15, 2014, while treating an inmate at the Anna M. Kross Center (AMKC) clinic, a Corizon Health, Inc. employee was assaulted and knocked unconscious from a punch to the face.

(e) On or about April 27, 2014, while treating a patient a Corizon Health, Inc. doctor was punched in

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



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the face by an inmate of the Eric M. Taylor Center (EMTC).

(f) On or about May 1, 2014, the titles of certain Corizon employees were included in a "Hit List" of staff who were targeted for assault by inmates, and this list was circulated among the housing units.

(g) On or about May 7, 2014, after treating a patient, a Corizon Health, Inc. mental health clinician was locked into a cell inside the AMKC housing unit and threatened with physical harm by an inmate. A crisis intervention team was required to get her out.

(h) On or about May 14, 2014, while being escorted out of the housing unit, a Corizon Health, Inc. mental health clinician was in close proximity to a correctional officer who was attacked and assaulted by two inmates inside the AMKC.

Among other methods, feasible and acceptable means to abate workplace violence at Rikers Island Correctional Facility include:

Develop and implement an adequate stand-alone, written Workplace Violence Prevention Program for the entire Corizon Health, Inc. staff that includes, but is not limited to, the following elements:

(1) Administrative Controls:

-Conduct and evaluate job-site hazard assessment including records review, conduct workplace violence incidents analysis, assess the worksite conditions and layout, and develop procedures to implement enhancements and improvements as part of the hazard assessment,

-Evaluate workplace controls and implement new policies and procedures to reduce violence in the workplace.

-Assess management of the facility, prison routines, incentives and disincentives for inmates, physical constants, surveillance, and staff/security deployment.

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### Citation and Notification of Penalty

**Company Name:** Corizon Health Inc., Correctional Medical Associates of NY, Correctional Dental Associates of NY, Valitas Health Services, Inc.

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-Periodically assess staffing when number and security levels of inmates change and when treatment, examination and counseling requirements increase. Pursuant to contract discussions with the NYC DOHMH, include assessments of the minimum number of correctional officers required to provide security to Corizon Health, Inc. employees when medical, dental and psychiatric services are NYC DOHMH provided in clinics and in individual housing units.

-Develop adequate communication and emergency notification systems to alert correctional officers of potential, perceived and/or actual workplace violence.

-Ensure all employees have an appropriate communication method and means to contact the security/correctional officers.

-Conduct and complete incident reviews to track and trend for implementation of improvements in the program.

#### (2) Engineering Controls:

-Ensure panic alarm system is installed and/or repaired in all facility buildings. The Panic Alarms System should be installed in all treatment, examining and counseling areas.

-Ensure Plexiglas or other types of barriers are installed, where practical, in all treatment, examination and counseling areas.

-Ensure cuff bars are installed in areas where inmates wait or are being examined, where practical.

-Implement a computer system to identify and alert employees of potential violent inmates, and ensure proper procedures and precautions are in place prior to the inmate being examined, treated or counseled.

-Ensure that Corizon Health, Inc., employees do not provide medical, dental and psychiatric services in clinics and in individual housing units without adequate correctional officer security provided by NYC DOHMH. In particular, ensure correctional officer/security escorts are dedicated to Corizon Health, Inc. employees within the housing units and when treating, examining

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or counseling high risk inmates.

-Reduce wait times and inmate frustration levels by coordinating and adjusting scheduling for inmates receiving medical, dental and psychiatric services.

-Ensure the treatment areas are configured in a way that maximizes the ability of an employee to escape in the event of workplace violence, including considerations such as number of exit routes and arrangement of furniture.

(3) Personal protective equipment:

- Provide personal alarm systems for all staff exposed to inmate contact.

(4) Employee Training

-Train all staff members on the safety and security procedures and the workplace violence prevention program.

-Conduct training specific to the prevention of workplace violence, including conflict resolution training for all employees. Provide training upon hiring and refresher training periodically to all employees.

-Develop a stress management program for the facility and provide counseling to employees for stress and anxiety.

-Develop and implement training to educate employees how to recognize the signs of potential violent persons and how to prevent/minimalize the risk of assault.

-Develop Post-Incident Procedures and Services to provide comprehensive treatment for employees who may be traumatized by witnessing or being involved in a workplace violence incident.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor  
Occupational Safety and Health Administration

Inspection Number: 957758  
Inspection Date(s): 02/07/2014 – 07/09/2014  
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**Company Name:** Corizon Health Inc., Correctional Medical Associates of NY, Correctional Dental Associates of NY, Valitas Health Services, Inc.

**Inspection Site:** 15-00 Hazen Street, East Elmhurst, NY 11370

NOTE: IN ADDITION TO ABATEMENT CERTIFICATION, THE EMPLOYER IS REQUIRED TO SUBMIT ABATEMENT DOCUMENTATION FOR THIS ITEM, FAILURE TO COMPLY WILL RESULT IN AN ADDITIONAL PENALTY OF \$1,000.00 IN ACCORDANCE WITH 29 CFR 1903.19.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

09/06/2014  
\$70000.00

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U.S. Department of Labor  
Occupational Safety and Health Administration

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**Citation and Notification of Penalty**

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**Inspection Site:** 15-00 Hazen Street, East Elmhurst, NY 11370

**Citation 2 Item 1** Type of Violation: **Other-than-Serious**

29 CFR 1904.32(a)(3): The employer did not certify an OSHA 300A Form or equivalent.

LOCATION: Rikers Island Correctional Facility

A) Employer did not certify the OSHA form 300A or equivalent for CY 2013 as required.

**NOTE: THE EMPLOYER IS REQUIRED TO SUBMIT ABATEMENT CERTIFICATION FOR THIS ITEM, FAILURE TO COMPLY WILL RESULT IN AN ADDITIONAL PENALTY OF \$1,000.00 IN ACCORDANCE WITH 29 CFR 1903.19.**

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

08/28/2014  
\$1000.00

Kay Gee  
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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Occupational Safety and Health Administration  
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## INVOICE / DEBT COLLECTION NOTICE

Company Name: Corizon Health Inc., Correctional Medical Associates of NY, Correctional Dental Associates of NY, Valitas Health Services Inc.  
Inspection Site: 15-00 Hazen Street, East Elmhurst, NY 11370  
Issuance Date: 08/07/2014

Summary of Penalties for Inspection Number	957758
Citation 1, Willful	\$70000.00
Citation 2, Other-than-Serious	\$1000.00
<b>TOTAL PROPOSED PENALTIES</b>	<b>\$71000.00</b>

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance. You can also make your payment electronically on [www.pay.gov](http://www.pay.gov). On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is <https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>. You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$50,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will cash the check or money order as if these restrictions or conditions do not exist.

If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your

original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

**Interest:** Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is one percent (1%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

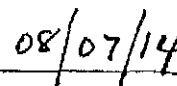
**Delinquent Charges:** A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

**Administrative Costs:** Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.



Kay Gee

Area Director



Date