

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Community Sanitation Program

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| CHARLES D. BAKERGovernorKARYN E. POLITOLieutenant Governor  |

May 6, 2015

Michael A. McCormack, Sheriff

Dukes County Jail and House of Correction

P.O. Box 252

Edgartown, MA 02539

Re: Facility Inspection - Dukes County Jail and House of Correction, Edgartown

Dear Sheriff McCormack:

In accordance with M.G.L. c. 111, §§ 5, 20, and 21, as well as Massachusetts Department of Public Health (Department) Regulations 105 CMR 451.000: Minimum Health and Sanitation Standards and Inspection Procedures for Correctional Facilities; 105 CMR 480.000: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste (State Sanitary Code, Chapter VIII); 105 CMR 590.000: Minimum Sanitation Standards for Food Establishments (State Sanitary Code Chapter X); the 1999 Food Code; and 105 CMR 205.000 Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities; I conducted an inspection of the Dukes County Jail and House of Correction on April 23, 2015 accompanied by Lieutenant Michael Trance and Robert Graves, Food Manager. Violations noted during the inspection are listed below including 22 repeat violations:

**HEALTH AND SAFETY VIOLATIONS**

(*\* indicates conditions documented on previous inspection reports*)

**POLICE LOCK-UP AREA**

*Hallway*

 No Violations Noted

*Booking Area*

105 CMR 451.350\* Structural Maintenance: Ceiling cracking

105 CMR 451.130\* Plumbing: Plumbing not maintained in good repair, sink leaking

105 CMR 451.130\* Plumbing: Plumbing not maintained in good repair, inadequate water pressure

*Male Holding Cell*

105 CMR 451.320\* Cell Size: Inadequate floor space

*Female/Juvenile Holding Cell*

105 CMR 451.341\* Natural Light in Cell: No natural light source in cells

105 CMR 451.321\* Cell Size: Inadequate floor space

*Human Resource Office*

 No Violations Noted

*Outside Gym Area*

 No Violations Noted

**HOUSE OF CORRECTIONS**

*Control Area*

 No Violations Noted

*Visit Room*

105 CMR 451.353\* Interior Maintenance: Floor vent rusted

**Food Service Area**

*Office*

 No Violations Noted

**Kitchen**

*3-Compartment Sink*

 No Violations Noted

*Mechanical Warewashing Machine*

 No Violations Noted

*Stove and Hood*

 No Violations Noted

*Prep Table and Sink*

 No Violations Noted

*Coffee Station and Small Refrigerator*

 No Violations Noted

*Handwash Sink*

 No Violations Noted

*Back Room*

 No Violations Noted

*Pantry*

FC 6-501.11\* Maintenance and Operation; Repairing: Facility not in good repair, light out

*Dining Room*

FC 6-201.16(A) Design, Construction, and Installation; Cleanability: Ceiling not easily cleanable, ceiling leaking

**Unit # 1**

*Cells*

105 CMR 451.321\* Cell Size: Inadequate floor space in cell # 1-3

105 CMR 451.350\* Structural Maintenance: Wall damaged in cell # 3

*Shower Stall*

105 CMR 451.123\* Maintenance: Metal surfaces rusted in shower stall

105 CMR 451.123\* Maintenance: Wall paint peeling above stall

*Laundry Area*

105 CMR 451.353\* Interior Maintenance: Floor tiles damaged

**Unit # 2**

*Dorm Room*

105 CMR 451.321\* Cell Size: Inadequate floor space in dorm

*Dorm Shower*

105 CMR 451.123\* Maintenance: Floor damaged in shower # 1

*Dorm Bathroom*

105 CMR 451.123 Maintenance: Sink does not drain properly

*Dorm Day Room*

FC 4-601.11(c) Cleaning of Equipment and Utensils, Objective: Non-food contact surface dirty, interior of refrigerator dirty

*Chemical Closet*

 No Violations Noted

**Second Floor Hallway**

 No Violations Noted

**Unit # 3**

*Hallway*

 No Violations Noted

*Cells*

105 CMR 451.320 Cell Size: Inadequate floor space in cell # 1-3

105 CMR 451.350 Structural Maintenance: Ceiling left unfinished from repair in cell # 1 and 3

105 CMR 451.350 Structural Maintenance: Wall left unfinished from repair in cell # 1 and 3

*Shower Stall*

105 CMR 451.123\* Maintenance: Wall left unfinished above stall

**Unit # 4**

*Hallway*

 No Violations Noted

*Cells*

105 CMR 451.320\* Cell Size: Inadequate floor space in cell # 3

*Shower Stall*

 No Violations Noted

*Education Room*

105 CMR 451.353\* Interior Maintenance: Light shield missing

*Nurse’s Office*

 No Violations Noted

**Administrative Segregation Unit**

*Cells*

105 CMR 451.320\* Cell Size: Inadequate floor space in cell # 1, 2, and 3

105 CMR 451.350\* Structural Maintenance: Wall damaged in cell # 3

*Janitor’s Closet*

105 CMR 451.353 Interior Maintenance: Wet mop stored in sink

*Hallway*

 No Violations Noted

**Pre-Release Unit**

*Laundry Area*

 No Violations Noted

*Bathroom*

 No Violations Noted

*Showers*

 No Violations Noted

*Day Room*

105 CMR 451.353\* Interior Maintenance: Door casing damaged

FC 4-204.112(A) Design and Construction, Functionality: No functioning thermometer in refrigerator

*Hallway*

105 CMR 451.353\* Interior Maintenance: Floor tiles damaged

*Cells*

105 CMR 451.320 Cell Size: Inadequate floor space in cell # 1, 4, 5, and 6

*Canteen Room*

105 CMR 451.353 Interior Maintenance: Light shield missing

*Property Room*

 No Violations Noted

**Administration Area**

*Human Services*

 No Violations Noted

*Staff Bathroom*

 No Violations Noted

**3rd Floor**

 No Violations Noted

*Office Bathroom*

 No Violations Noted

*Hallway*

 No Violations Noted

**Training Building**

 No Violations Noted

*Staff Bathroom*

 No Violations Noted

**Observations and Recommendations**

1. The inmate population was 11 at the time of inspection.

This facility does not comply with the Department’s Regulations cited above. In accordance with 105 CMR 451.404, please submit a plan of correction within 10 working days of receipt of this notice, indicating the specific corrective steps to be taken, a timetable for such steps, and the date by which correction will be achieved. The plan should be signed by the Superintendent or Administrator and submitted to my attention, at the address listed above.

To review the specific regulatory requirements please visit our website at [www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs) and click on "Correctional Facilities" (available in both PDF and RTF formats).

To review the Food Establishment regulations please visit the Food Protection website at [www.mass.gov/dph/fpp](http://www.mass.gov/dph/fpp) and click on “Food Protection Regulations”. Then under “Retail” click “105 CMR 590.000 - State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments” and “[1999 Food Code](http://www.cfsan.fda.gov/~dms/fc99-toc.html)”.

To review the Labeling regulations please visit the Food Protection website at [www.mass.gov/dph/fpp](http://www.mass.gov/dph/fpp) and click on “Food Protection Regulations”. Then under “General Food Regulations” click “105 CMR 520.000: Labeling.”

This inspection report is signed and certified under the pains and penalties of perjury.

Sincerely,

Nicholas Gale

Environmental Health Inspector, CSP, BEH

cc: Suzanne K. Condon, Associate Commissioner, Director, BEH

 Steven Hughes, Director, CSP, BEH

Jay Youmans, Director of Government Affairs

Marylou Sudders, Secretary, Executive Office of Health and Human Services

Carol Higgins O’Brien, Commissioner, DOC

 David O’Sullivan, Superintendent

 Greg Arpin, EHSO

Matthew Poole, Health Agent, Edgartown Health Department

 Clerk, Massachusetts House of Representatives

 Clerk, Massachusetts Senate

 Daniel Bennett, Secretary, EOPS