



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Salt Lake City Field Office**

**Nevada Southern Detention Center  
Pahrump, NV**

**January 14-16, 2020**

**COMPLIANCE INSPECTION**  
**of the**  
**NEVADA SOUTHERN DETENTION CENTER**  
Pahrump, Nevada

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SAFETY .....</b>	<b>9</b>
Environmental Health and Safety .....	9
<b>SECURITY .....</b>	<b>9</b>
Classification System .....	9
Funds and Personal Property .....	9
Special Management Units .....	10
Staff-Detainee Communication .....	10
Use of Force and Restraints .....	10
<b>CARE .....</b>	<b>11</b>
Medical Care .....	11
Personal Hygiene .....	13
Suicide Prevention and Intervention .....	13
<b>JUSTICE .....</b>	<b>13</b>
Grievance System .....	13
<b>CONCLUSION .....</b>	<b>14</b>

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from January 14 to 16, 2020.<sup>1</sup> The facility opened in 2010 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NSDC in 2016 under the oversight of ERO's Field Office Director (FOD) in Salt Lake City (ERO Salt Lake City). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has not assigned Deportation Officers (DOs) to the facility. An NSDC Warden handles daily facility operations and is supported by ██████ personnel. Performance Food Group provides food services, CoreCivic provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	288
Average ICE Detainee Population <sup>3</sup>	226
Male Detainee Population (as of 1/14/2020)	127
Female Detainee Population (as of 1/14/2020)	55

During its last inspection, in FY 2017, ODO found 19 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (2); Classification System (1); Funds and Personal Property (1); Special Management Units (3); Staff-Detainee Communication (4); Use of Force and Restraints (2); Medical Care (3); and Grievance System (1).

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<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of April 1, 2019.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Classification System	1
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>5</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	8
Personal Hygiene <sup>6</sup>	1
Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>10</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>18</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> The deficiency cited under the Personal Hygiene standard was identified while reviewing the Environmental Health and Safety standard, the Personal Hygiene standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed 25 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated he has a damaged left eye, which is painful, gets migraine headaches, and sometimes has no feeling on the left side of his face. He stated he has not received proper medical care.

- Action Taken: ODO reviewed the detainee's electronic medical record, which indicated he is blind in the left eye. He had an initial health screening on November 12, 2019, during which he complained of eye pain. On November 13, 2019, he was seen by the nurse and reported having new pain in his head resulting from the injury to his eye. On December 6, 2019, his eye injury was addressed during his health appraisal by the nurse practitioner, who requested an offsite consultation to look at his damaged eye. As of the conclusion of ODO's inspection, the facility had not received approval or a date for the offsite consultation.

*Medical Care:* One detainee stated he submitted a medical request to see the dentist one week before ODO's inspection and had not received a response. Additionally, the detainee said he had a cough that required medical attention.

- Action Taken: ODO reviewed the detainee's electronic medical record and learned he arrived at the facility and was medically screened on November 12, 2019. On December 2, 2019, the detainee submitted a medical request to see the dentist and the doctor, due to experiencing abdominal pain. Records reflected his health appraisal was completed on December 6, 2019, but that the detainee did not indicate abdominal pain; however, records did not indicate the detainee was seen by a dentist. On December 7, 2019, the detainee submitted a second request to see the dentist, which was addressed on December 10, 2019. A dental appointment was scheduled for January 9, 2020; however, the dental appointment had to be rescheduled to January 16, 2020.

Regarding his cough, his medical record showed that during the pill line on November 30, 2019, the detainee complained of a cough. A prescription for a med pack was ordered and given to the detainee on November 30, 2019.

*Medical Care:* One female detainee stated she requested a medical assessment for headaches and cough but only received Ibuprofen and was never seen by a doctor.

- Action Taken: ODO reviewed the detainee's electronic medical record and found she was treated on five separate occasions, most recently for headaches and a cough. As per protocol, the nurses assessed the detainee and the physician approved the treatment. Detainees do not routinely see the physician for sick call issues unless the issue is not resolved after being seen by a nurse.

*Medical Care:* One female detainee stated she complained about nerve pain and was prescribed Naproxen, which only temporarily solved the issue. She claimed she requested to be seen again to determine a more permanent solution but has been ignored.

- Action Taken: ODO reviewed the detainee's electronic medical record and found she had been seen at sick call 11 times since her arrival. She received medications for asthma and thyroid issues but has refused her requested physical exam, as well as prescribed psychological medications.

*Medical Care:* One female detainee stated she had had two major medical crises since her arrival because she did not have an inhaler for asthma and does not have one currently. She stated she had not been seen by medical to receive a new inhaler.

- Action Taken: ODO reviewed the detainee's electronic medical record and found she had been seen through sick call 15 times since arriving at NSDC. Her medication administration records (MARs) showed she was prescribed asthma medication but failed to show for sick call for several weeks. ODO requested the detainee be called to medical for counseling and monitoring, as well as education regarding the medication refill process.

*Medical Care:* One female detainee stated she has had a fever since January 12, 2020.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was seen by NSDC medical on January 14, 2020, and it was determined she had a fever blister, not a fever. Medical staff informed ODO medication for a fever blister had been ordered. The medication had not arrived by the completion of the inspection.

*Medical Care:* One female detainee stated she tore her contact lens and was having trouble with her vision. She submitted medical requests on December 21, 2019, and December 22, 2019.

- Action Taken: ODO reviewed the detainee's electronic medical record and found a health appraisal was completed on December 31, 2019, during which she was determined to have 20/25 vision in her left eye and 20/20 vision in her right eye. She was informed on January 7, 2020, that she does not qualify for new glasses as ICE requires vision to be a minimum of 20/50 to qualify for glasses.

*Medical Care:* One female detainee stated she was having pain in her tooth and her dietary tray was suddenly changed.

- Action Taken: ODO reviewed the detainee's electronic medical record and found an initial health appraisal was completed on December 12, 2019. A dentist saw the detainee on January 8, 2020, and diagnosed her with gingivitis. A treatment plan was discussed and a dental rinse was provided.

The therapeutic tray list did not include this detainee. She previously had a prescribed "diet for health" from October 2019 through October 2020. Medical staff reissued the therapeutic order and forwarded the order to dietary on January 15, 2020, and the issues were resolved.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

NSDC has a fire/safety manager who has been on site for four months. The fire/safety manager reported that weekly inspections are completed by trained unit and department managers and forwarded to him for review and follow-up. ODO reviewed the file and found the food service and maintenance departments had documented weekly inspections; however, no inspections from the detainee housing units had been forwarded since July 1, 2019 (**Deficiency EH&S-1<sup>7</sup>**).

ODO reviewed documentation and found [REDACTED] fire drills were conducted in all areas of the facility as required; however, documentation of each area did not include the timing of the emergency keys from the time they were obtained from [REDACTED] to the unlocking of the emergency doors (**Deficiency EH&S-2<sup>8</sup>**).

## SECURITY

### CLASSIFICATION SYSTEM (CS)

ODO's review of the NSDC detainee handbook found it listed three classification levels rather than the four levels by which detainees are classified; furthermore, it does not list the conditions and restrictions of each or the appeal process (**Deficiency CS-1<sup>9</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO observed the intake process and reviewed 13 detainee files, and found none of the detainees signed a receipt for valuable property, nor was a copy of the receipt placed in the detainee file (**Deficiency F&PP-1<sup>10</sup>**).

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<sup>7</sup> "A qualified department staff member shall conduct [REDACTED] fire and safety inspections. Facility maintenance (safety) staff shall conduct [REDACTED] inspections. Written reports of the inspections shall be forwarded to the facility administrator for review and, if necessary, corrective action determinations. The Maintenance Supervisor shall maintain inspection reports and records of corrective action in the safety office. Fire safety deficiencies shall be promptly addressed." See ICE PBND 2008, Standard, Personal Hygiene, Section (VII)(B). **This is a priority component.**

<sup>8</sup> "Fire drills shall be conducted and documented at least [REDACTED] in all facility locations including administrative areas....Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. The NFPA recommends a limit of [REDACTED] minutes for drawing keys and unlocking emergency doors. However, when conducting the fire drills emphasis will be placed on safe and orderly evacuation rather than speed." See ICE PBND 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

<sup>9</sup> "The Detainee Handbook Standard section on classification shall include: an explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE PBND 2008, Standard, Classification System, Section (V)(J).

<sup>10</sup> "The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone) with no mention of brand name or monetary value. The detainee and [REDACTED] processing officers shall sign the G-589, with copies distributed as above." See ICE PBND 2008, Standard, Funds

*Corrective Action:* Prior to completion of the inspection, ODO verified that the facility initiated corrective action by developing and printing an electronic copy of a form/receipt, obtained detainees' signatures, and filing the form in each detainee's file (**C-1**).

ODO observed that personal clothing was inventoried, laundered in the property room, and placed in a large hanging property bag; however, the bag was not secured with a tamper-proof seal (**Deficiency F&PP-2<sup>11</sup>**).

*Corrective Action:* Prior to completion of the inspection, ODO observed facility staff placing tamper-proof seals on each detainee property bag (**C-2**).

## **SPECIAL MANAGEMENT UNITS (SMU)**

NSDC uses a Confinement Watch Log (CWL) to document [REDACTED] checks of detainees assigned to the Restricted Housing Unit. ODO reviewed the CWL and found correctional officers conducted cell checks every [REDACTED]; however, the checks were not documented on an irregular schedule in the logs for 12 of 25 detainees, as required by the standard (**Deficiency SMU-1<sup>12</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed housing unit entry logs from October 2019 to January 2020 and determined that ERO Salt Lake City responded to detainee requests within three business days of receipt. However, requests were not consistently retrieved by ERO Salt Lake City within two business days (**Deficiency SDC-1<sup>13</sup>**). An ERO Supervisory Detention and Deportation Officer stated they chose to pick up the requests, rather than have the facility forward them. In addition, ODO reviewed 12 detention files and determined that detainees who made requests did not have copies of their completed requests filed (**Deficiency SDC-2<sup>14</sup>**).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

NSDC's Use of Force and Restraints policy and forms were approved by ERO Salt Lake City and comply with the standard. ODO reviewed documentation related to seven immediate UOF incidents and found that an after-action review was not completed for five of them, neither the FOD's representative nor NSDC's Health Services Administrator (HSA) conducted after-action reviews, and completed after-action review reports were not submitted to appropriate officials

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and Personal Property, Section (V)(G)(2).

<sup>11</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

<sup>12</sup> "Detainees in SMUs shall be personally observed at least every [REDACTED] on an irregular schedule." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(7).

<sup>13</sup> "In IGSA facilities without ICE/DRO on-site presence: Each detainee request shall be forwarded to the ICE/DRO office of jurisdiction within two business days and answered as soon as possible and practicable, in-person or in writing, but no longer than within three business days of receipt." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

<sup>14</sup> "A copy of each completed Detainee Request shall be filed in the detainee's detention file and be retained there for at least three years." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2). **This is a repeat deficiency.**

within the prescribed time limits of the standard (**Deficiency UOF&R-1**<sup>15</sup>).

## **CARE**

### **MEDICAL CARE (MC)**

According to the staffing roster, there are [REDACTED] registered nurse (RN) vacancies ([REDACTED]), [REDACTED] licensed practical nurses (LPN) vacancies ([REDACTED]), [REDACTED] psychiatrist vacancy, and [REDACTED] psychologist vacancy. The staffing plan is developed and evaluated annually. ODO reviewed the staffing plan and found that staffing levels are not adequate to meet detainee medical needs, as outlined in the staffing plan (**Deficiency MC-1**<sup>16</sup>).

ODO reviewed 25 medical records and found that one detainee did not have evidence of a tuberculosis screening (**Deficiency MC-2**<sup>17</sup>). Three out of 25 intake screenings indicated the Clinical Medical Authority did not review screenings within 24 hours or the next business day to assess priority for treatment (**Deficiency MC-3**<sup>18</sup>). Furthermore, 10 of 25 health appraisals reviewed (5 completed by the physician and 5 by the Advanced Practice Nurse) were not completed within 14 days of arrival; the majority were completed more than 20 days after arrival (**Deficiency MC-4**<sup>19</sup>).

ODO reviewed ten medical records of female detainees and found two did not have a documented pregnancy test (**Deficiency MC-5**<sup>20</sup>). In addition, 6 of 25 medical files did not contain general

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<sup>15</sup> “The facility administrator, the assistant facility administrator, the Field Office Director’s designee and the Health Services Administrator shall conduct the After-Action review. This [REDACTED]-member After-Action Review team shall convene on the workday after the incident. The After-Action team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an After-Action Report to record the nature of its review and findings. The After-Action Report is due within two working days of the detainee’s removal from restraints....Within two working days of the After-Action Review Team’s submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he or she concurs with the finding.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2) and (4). **This is a priority component and repeat deficiency.**

<sup>16</sup> “All facilities shall provide medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(B). **This is a priority component.**

<sup>17</sup> “All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)]; for CDC guidelines on prevention and control of TB in correctional and detention settings.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(2). **This is a priority component.**

<sup>18</sup> “The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1). **This is a priority component and repeat deficiency.**

<sup>19</sup> “Each facility’s health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J). **This is a priority component.**

<sup>20</sup> “Female detainees shall have access to pregnancy testing and pregnancy management services that include routine

consent for care forms signed by the detainee (**Deficiency MC-6<sup>21</sup>**).

ODO reviewed the MARs related to one detainee who arrived at the facility with two HIV medications and found that the detainee received only one of the medicines that had been prescribed; the second medication was initiated four weeks later and ODO found no documentation to explain the delay (**Deficiency MC-7<sup>22</sup>**).

ODO reviewed the MAR and medical file for one chronic care detainee and found that she did not report to the pill line for one month for her scheduled asthma medication, required in accordance with her treatment plan. The detainee was not contacted by medical staff for counseling and follow-up care (**Deficiency MC-8<sup>23</sup>**).


ODO observed medication carts were locked and secured in the medication room and that the medication room contained a refrigerator with medications. ODO noted as an **Area of Concern**, however, that different types of insulin were stored together in the refrigerator. Storing insulin


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prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(R). **This is a priority component.**

<sup>21</sup> “Upon admission at the facility, documented informed consent will be obtained for the provision of health care services.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(T). **This is a priority component.**

<sup>22</sup> “Each facility shall have written policy and procedures for the management of pharmaceuticals that include:

- A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.
- A method for promptly approving and obtaining medicines not on the formulary should be identified.
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed.
- Procurement, receipt, distribution, storage, dispensing, administration and disposal of medications.
- Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule ) , syringes and needles.
- Medicine administration error reports shall be kept for all administration errors.
- All staff responsible for administering or having access to pharmaceuticals will be trained on medication management before beginning duty.
- All pharmaceuticals shall be stored in a secure area with the following features:

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- Administration and management in accordance with state and federal law
  - Supervision by properly licensed personnel
  - Administration of medications by properly trained personnel under the supervision of the health services administrator, or equivalent
  - Accountability for administering or distributing medications in a timely manner and according to licensed provider orders.”

See ICE PBNDS 2008, Standard, Medical Care, Section (V)(F). **This is a priority component.**

<sup>23</sup> “When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements. Likewise, staff responsible for such matters as housing and program assignments, and disciplinary measures shall consult with the responsible clinician, clinical director, or health services administrator.” See ICE PBNDS 2008, Standard, Medical Care, Section (V)(R). **This is a priority component.**

types separately would reduce the potential risk of a medication error.

## **PERSONAL HYGIENE (PH)**

ODO inspected all detainee housing units and found a female housing unit, which housed 55 female detainees at the time of the inspection, only had five toilets and exceeded the maximum ratio of one toilet per eight female detainees (**Deficiency PH-1**<sup>24</sup>).

## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed training files for all [REDACTED] medical staff and found no evidence that the [REDACTED] X-ray technician had current suicide prevention training (**Deficiency SP&I-1**<sup>25</sup>).

ODO's review of 25 detainee medical records confirmed completion of mental health and suicide risk screening, including questions about past suicide attempts, self-harm, and current suicide ideation, upon admission. If a detainee is identified as at-risk for suicide during screening or at any point during the period of detention, there is an immediate referral to the mental health counselor and evaluation within 24 hours of the referral. Other routine referrals are evaluated within 72 hours, per the clinical professional counselor (CPC). ODO notes as a **Best Practice** that, in addition to the initial mental health screening on intake, the CPC completes a full mental health assessment on all detainees within 14 days of admission to the facility.

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed 13 detainee detention files containing grievances filed by detainees and found 4 of the files did not contain copies of the completed grievance disposition (**Deficiency GS-1**<sup>26</sup>).

ODO reviewed all medical grievances filed by detainees during the year preceding the inspection and found they were forwarded to the HSA within 24 hours or the next business day. However, ODO's review of the detainees' medical files determined that NSDC failed to maintain copies of

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<sup>24</sup> "Detainee shall be provided:

- An adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas

ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees." See ICE PBNDS 2008, Standard, Personal Hygiene, Section (V)(E).

<sup>25</sup> "All facility staff who interact with and/or are responsible for detainees shall be trained, during orientation and at least annually, on: recognizing verbal and behavioral cues that indicate potential suicide, demographic, cultural, and precipitating factors of suicidal behavior, responding to suicidal and depressed detainees, effective communication between correctional and health care personnel, necessary referral procedures, constant observation and suicide-watch procedures, follow-up monitoring of detainees who have already attempted suicide, and reporting and written documentation procedures." See ICE PBNDS 2008, Standard, Suicide Prevention and Intervention, Section (V)(A). **This is a priority component.**

<sup>26</sup> "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(E).

detainees' medical grievances in their medical files (**Deficiency GS-2**<sup>27</sup>).

NSDC has a two-tier appeal process that allows detainees the ability to appeal all initial grievance adjudications to a Grievance Appeal Board (GAB), which returns a decision in writing within five business days. If the detainee is not satisfied with the GAB's decision, he/she can further appeal to the Warden or Warden's designee. Medical grievance appeals, however, are only appealable to the Assistant Warden. No additional level of appeal by medical personnel is available to detainees (**Deficiency GS-3**<sup>28</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2008 and found the facility in compliance with nine of those standards. ODO found 18 deficiencies in the remaining nine standards. ODO noted there were two instances in which staff initiated immediate corrective action during the inspection.

ODO noted eight deficiencies and two **Areas of Concern** in the Medical Care standard. Of particular concern is NSDC's staff shortage, which ODO found inadequate to meet the detainee medical needs as outlined in the staffing plan. To alleviate the staff shortage, CoreCivic occasionally assigns regional RNs for rotations of up to [REDACTED]. Despite that, as evidenced by the eight priority component deficiencies found in the Medical Care standard during this inspection, there is insufficient medical staffing to accommodate the demand caused by the large volume of detainee admissions and medical care.

ODO noted as a **Best Practice** that, in addition to the initial mental health screening on intake, the CPC completes a full mental health assessment on all detainees within 14 days of admission to the facility. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (PBNDS 2008)	FY 2020 (PBNDS 2008)
Standards Reviewed	15	18
Deficient Standards	9	9
Overall Number of Deficiencies	19	18
Deficient Priority Components	5	12
Repeat Deficiencies	0	3
Corrective Actions	5	2

<sup>27</sup> "Medical grievances are maintained in the detainee's medical file." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(E). **This is a priority component.**

<sup>28</sup> "In the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. An additional level of appeal by medical personnel shall be available to the detainee." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D).