

February 14, 2019

TO:

Assistant Director for Detention Management

FROM:

Lead Compliance Inspector The Nakamoto Group, Inc.

SUBJECT: Annual Detention Inspection of the Krome Service Processing Center

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2011) of the Krome Service Processing Center in Miami, FL, during the period of February 12-14, 2019. This is an SPC.

The inspection was performed under the guidance of **Constant of Section**, Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member	
Detainee Rights		
Security		
Medical Care		
Medical Care		
Safety		

Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the April 2018 inspection.

Inspection Summary

The Krome Service Processing Center is currently accredited by:

- The American Correctional Association (ACA) Yes
- The National Commission on Correctional Health Care (NCCHC) Yes
- The Joint Commission (TJC) No
- Prison Rape Elimination Act (PREA) Yes

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2018 and 2019 PBNDS 2011 compliance annual inspections:



2018 Annual Inspection		2019 Annual Inspection		
Meets Standard	41	Meets Standard	41	
Does Not Meet Standard	0	Does Not Meet Standard	0	
Repeat Finding	0	Repeat Finding	0	
Not Applicable	1	Not Applicable	1	

The inspection team identified three (3) deficient components in the following three (3) standards:

Funds and Personal Property - 1 Tool Control -1 Medical Care – 1, which is a priority component

Facility Snapshot/Description

The Krome Service Processing Center is owned and operated by Immigration and Customs Enforcement, and is located in a remote western area of Miami, Florida. A contracted security company supplies detention officers, detention supervisors and other staff.

Due to the recent increase in the number of detainees, the facility is utilizing temporary cots in the general population housing units when needed.

Detainees are housed primarily in buildings divided into several direct supervision dormitories. In addition, there are fourteen SMU beds and a medical unit. The medical unit has fourteen beds for medical observation, ten beds for mental health observation, a designated suicide watch room and a padded room. There are six negative air flow isolation rooms to house detainees who have symptoms suggestive of TB or confirmed TB. The facility is also preparing to open a transition unit which is designed to house special needs detainees in a therapeutic program environment.

Many of the staff are bilingual and are able to communicate with the detainees with no difficulty. The facility employs the concepts of civil detention and all staff interviewed during the inspection were professional and well-versed in the requirements of the standards. Optimal goals are achieved including law library time, outdoor recreation time, and telephone access.

The inspection team visited the housing units multiple times during the inspection. Detainees were relaxed and approached the inspectors without hesitation. Detainees were interviewed in groups and in a private, confidential setting. LEP detainees were interviewed using a telephonic translation line. With the exception of a single officer, all stated that they were being treated respectfully by contract security staff and ICE officers and all stated they felt safe at the facility. In one housing unit every detainee interviewed complained about the treatment from one officer. This information was provided to the AGS captain who stated he would follow up on the issue. There were no complaints about the food, recreation or law library access. No detainees voiced a complaint regarding the temporary cots.

There were multiple complaints regarding the slow response from medical staff to requests for treatment or to be seen for medical issues. Four detainees expressed specific concerns regarding medical treatment or medication issues. The medical SME discussed the concerns with medical staff and reviewed the medi-



cal records of the four detainees. One detainee stated that he was on medication at his previous facility and his medication was not continued when he arrived here. Review of his medical record revealed that his transfer summary did not list any medication and during his intake screening he stated that he was not taking any medication. A detainee complained about not getting medication for a stomach issue. Review of his medical record revealed that he had not made any medical requests concerning his stomach. A detainee complained that he had put in a sick call request to have his nose evaluated but had not been seen. It was determined that he had submitted the request two days ago and was scheduled to be seen the day of the interview. Another detainee had an abscess on his head and stated that he had put in a medical request but had not been seen. A review of his medical record revealed that he had been seen on sick call on 2/10 and treated by the nurse for dandruff and itchy scalp. The detainee was scheduled to be seen by the provider.

Detainees are not charged co-pay fees for medical, dental or mental health services. Medical services are provided by IHSC. Akima Global Services (AGS) provides the contracted food services, security operations and detainee funds processing. AKAL provides transportation and armed security. Sanitation was observed to be average in the housing units.

Areas of Concern/Significant Observations

The inspection team identified one (1) deficient priority component:

Medical Care

Priority Component #44: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.

This procedure shall include:

- Clearly written policies and procedures;
- Sick call process will be communicated in writing and verbally to detainees during their orientation;
- Regularly scheduled "sick call" times will be established and communicated to detainees;

All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.

All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call. Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and address all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.

Finding: Sick call procedures call for the pick-up of medical requests twice daily and triage within 24 hours. Sick call logs reveal that anywhere from two to eight days elapse before the request is received/triaged. In an urgent situation, the detainee can communicate his issue to the corrections staff who contact medical for immediate follow-up. Sick call is conducted seven days a week. Medical personnel also conduct daily checks on each detainee in the Special management unit.

Recommendation: Receipt and triage of medical requests must be completed within 24 hours after submission by a detainee.

Recommended Rating and Justification



The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011. No (0) standards were found Does Not Meet Standard and one (1) standard was Not Applicable (N/A). All remaining forty-one (41) standards were found to be in compliance.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

• ICE Officials –		
• IHSC Staff -		
• Facility Staff – merous other staff		and nu-
, Lead Compliance Inspector	February 14, 2019	
Printed Name of LCI	Date	