



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

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office
Pulaski County Detention Center
Ullin, IL

April 26-28, 2016

COMPLIANCE INSPECTION
for the
PULASKI COUNTY DETENTION CENTER
Ullin, Illinois

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Overall Findings	2
Findings by Performance-Based National Detention Standards (PBNDS) 2011 Major Categories	3

COMPLIANCE INSPECTION PROCESS	4
--	---

DETAINEE RELATIONS	5
---------------------------------	---

COMPLIANCE INSPECTION FINDINGS

SECURITY

Funds and Personal Property	6
-----------------------------------	---

CARE

Food Service	6
Medical Care	6
Medical Care (Women)	9

COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)(C)	Lead Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Pulaski County Detention Center (PCDC), in Ullin, Illinois, from April 26 to 28, 2016.¹ PCDC opened in 1997 and is owned and operated by Pulaski County, IL. The Office of Enforcement and Removal Operations (ERO) began housing detainees at PCDC in 1998 pursuant to a contract under the oversight of ERO's Field Office Director (FOD) in Chicago.

ERO staff members are not assigned to the facility, neither is an ERO Detention Services Manager.⁴ A Jail Administrator is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. Both PCDC staff and contract medical staff, employed by Advanced Correctional Health (ACH), provide medical services. PCDC provides food services. The facility held no accreditations at the time of the inspection.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	240
Average ICE Detainee Population ³	116
Male Detainee Population (as of 04/26/2016)	141
Female Detainee Population (as of 04/26/2016)	7

OVERALL FINDINGS

In June 2012, ODO conducted a compliance inspection of PCDC under the Performance-Based National Detention Standards (PBNDS) 2008, reviewing the facility's compliance with 17 standards and found the facility compliant with seven standards.⁶ There were a total of 20 deficiencies in the remaining ten standards.

Inspection Results Compared	FY 2012 (PBNDS 2008)	FY2016 (PBNDS 2011)
Standards Reviewed	17	16
Deficient Standards	10	4
Overall Number of Deficiencies	20	23
Deficient Priority Components	N/A ⁵	13
Corrective Actions Initiated	N/A	0

In FY2016, ODO conducted a compliance inspection of PCDC under the Performance-Based National Detention Standards (PBNDS) 2011. ODO reviewed the facility's compliance with 16 standards and found the facility compliant with 12 standards. ODO found 23 deficiencies in the remaining four standards, 13 of which were priority components and two of which were repeat deficiencies.⁷ Finally, ODO identified one best practice.⁸

¹ Male and female detainees with low, medium low, medium high, and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of April 25, 2016.

³ *Ibid.*

⁴ An ERO Detention Standards Compliance Officer is assigned to the facility on a full time basis.

⁵ ODO began inspecting PBNDS 2008 and 2011 priority components in June 2012.

⁶ At the time of 2012 ODO inspection, PCDC operated under the name Tri-County Justice and Detention Center.

⁷ ODO identified two repeat deficiencies from the June 2012 inspection in the Medical Care standard.

⁸ Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the *Inspection Findings* section and annotated with a "C," "BP," or "R," respectively.

FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁹	DEFICIENCIES
Safety	
1.2 - Environmental Health and Safety	0
Sub-Total	0
Security	
2.1 - Admission and Release	0
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	1
2.11 - Sexual Abuse and Assault Prevention and Intervention	0
2.12 - Special Management Units	0
2.13 - Staff-Detainee Communication	0
2.15 - Use of Force and Restraints	0
Sub-Total	1
Care	
4.1 - Food Service	1
4.3 - Medical Care	17
4.4 - Medical Care (Women)	4
4.6 - Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	22
Activities	
5.6 - Telephone Access	0
Sub-Total	0
Justice	
6.1 - Detainee Handbook	0
6.2 - Grievance System	0
6.3 - Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	23

⁹ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.¹⁰ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."¹¹ Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss ODO's preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

¹⁰ ODO reviews the facility's compliance with selected standards in their entirety.

¹¹ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 25 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Sexual Abuse and Assault Prevention Intervention (SAAPI): One detainee stated that although he had no incidents of sexual abuse or assault to report, he was unaware of how to report an incident, should one occur.

- Action Taken: During ODO's inspection, the facility's Prison Rape Elimination Act (PREA) Coordinator provided the detainee with a facility Sexual Abuse and Assault Awareness brochure and showed him the SAAPI information posted in his housing unit. The SAAPI information posted in the detainee's housing unit provides instructions on how to report an incident of sexual abuse or assault. Also, ODO reviewed the detainee's detention file, and confirmed the detainee received the facility handbook which describes the process for reporting an incident of sexual abuse or assault.

Medical Care: One detainee stated he waited two months to receive an appointment with an off-site specialist for complaints related to his eye.

- Action Taken: PCDC's health services administrator (HSA) informed ODO that the detainee was scheduled to be seen by an off-site specialist for complaints related to his eye in mid-May 2016. Medical staff informed the detainee during the inspection of his scheduled appointment.

Medical Care: One detainee complained she had not received blood pressure medication since arriving at the facility approximately two weeks prior to ODO's inspection.

- Action Taken: ODO reviewed the detainee's medical file with the facility's HSA. The medical file documented the detainee was evaluated by facility medical staff during sick call three days after her admission, and was found to have a high blood pressure reading. As a result of the medical file review the facility's clinical medical director (CMA) ordered immediate and on-going treatment in the form of medication, and the detainee's blood pressure was brought down to normal levels. Additionally, the detainee's on-going medical care is being actively monitored by the field office's Field Medical Coordinator (FMC).

Medical Care: One detainee complained he had a chronic medical issue for which the facility provided medication, but that the medication made him feel sick.

- Action Taken: ODO reviewed the detainee's medical file with the facility's HSA. The facility medical staff informed ODO that they were aware of the detainee's chronic medical condition and as a result of the medical file review with ODO the detainee was enrolled in the facility's chronic care clinic. Additionally the detainee's on-going medical care is being actively monitored by the field office's FMC.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO toured the detainee housing units and conducted staff and detainee interviews and found that the facility provides the detainees personal property storage bins; however, these storage bins cannot be secured or locked (**Deficiency F&PP-1¹²**).

CARE

FOOD SERVICE (FS)

ODO requested to review the estimated quarterly costs for the common fare menu. The facility's food service administrator (FSA) could not provide the quarterly estimated cost for edible and non-edible food items associated with the common fare menu program. ODO interviewed the FSA and determined quarterly costs for the common fare program are not estimated and included in the quarterly food service budget (**Deficiency FS-1¹³**). The FSA reported supplies are ordered as needed to follow the menu, and costs are not separately estimated or tracked.

MEDICAL CARE (MC)

ODO interviewed PCDC's human resources manager and requested to review the medical services staffing plan. PCDC could not produce the document at the time of the inspection and the human resources manager informed ODO annual reviews are not conducted (**Deficiency MC-1¹⁴**).

ODO reviewed PCDC's infectious disease plan and confirmed the plan addresses topic areas mandated by the standard; however, ODO observed poor adherence to expected infection control practices. Specifically, ODO observed the PCDC physician did not wash his hands between patients in contravention of the plan's protocols related to hand hygiene (**Deficiency MC-2¹⁵**). ODO also observed the exam table was not covered with paper that could be changed between patients, facility medical staff was observed eating their lunches on the exam table, and blood

¹² "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

¹³ "The FSA shall estimate quarterly costs for the common fare program and include this figure in the quarterly budget. The FSA shall maintain a record of the actual costs of both edible and non-edible items." See ICE PBNDS 2011, Standard, Food Service, Section, (V)(G)(14).

¹⁴ "All facilities shall provide medical staff and sufficient support personnel to meet these standards. A staffing plan will be reviewed at least annually which identifies the positions needed to perform the required services." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(B). **This is a priority component.**

¹⁵ "Each facility shall have written plans that address the management of infectious and communicable diseases, including screening, prevention, education, identification, monitoring and surveillance, immunization (when applicable), treatment, follow-up isolation (when indicated) and reporting to local, state, and federal agencies. Plans shall include: hand hygiene." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(C)(1)(g). **This is a priority component.**

and urine samples were in close proximity to medications in the combined medication and lab room.

ODO reviewed 20 male detainee medical files and found 5 of them lacked documentation for tuberculosis (TB) screenings completed upon intake using either a purified protein derivative (PPD) skin test or a chest x-ray (**Deficiency MC-3¹⁶**). ODO reviewed the facility-provided TB testing logs and found that two detainees received PPD tests upon intake which were not documented in their medical records. The TB testing log also documented one detainee received a PPD test upon intake and had a positive test result; however, no documentation of a follow-up chest x-ray was found in the TB log or in the detainee's medical file. ODO notified the HSA that the detainee's Transfer Summary document had a past positive from a previous skin test. A skin test would remain positive and would not serve as a good TB screen at the time of intake. The detainee had no symptoms of active TB. The remaining two detainees received chest x-rays more than 72 hours following intake, which is not considered timely; neither their medical files nor the TB log documented that either detainee received a PPD test at any time.

Two of the 20 detainees were identified with a clinically significant finding during their initial medical screening, but PCDC medical staff failed to immediately refer both detainees to the facility physician for a health assessment within two working days (**Deficiency MC-4¹⁷**).

Ten of the 20 detainee medical files reviewed were missing an initial 14-day health assessment. When provided a list of the missing health assessments, the HSA found eight of the ten in file drawers waiting to be scanned into the electronic medical records system. The HSA was unable to locate two of the ten missing health assessments (**Deficiency MC-5¹⁸**).

ODO reviewed 20 detainee medical records and found nine detainees who had chronic conditions identified at intake but were not provided a comprehensive health assessment within two working days (**Deficiency MC-6¹⁹**).

Additionally, the facility could not provide documentation or credentials of training received by registered nurses (RN) for performing physical examinations (**Deficiency MC-7²⁰**). ODO interviewed the HSA, who is an RN, and learned the initial 14-day physical examinations of both healthy detainees and those with identified chronic conditions are conducted by RNs. The HSA conducted the majority of the 14-day physical exams.

¹⁶ "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines...." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(C)(2). **This is a priority component.**

¹⁷ "Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(J). **This is a priority component.**

¹⁸ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival...." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(L). **This is a priority component and a repeat deficiency.**

¹⁹ "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, 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." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(L). **This is a priority component.**

²⁰ "Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by physician) or other healthcare practitioner permitted by law." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(L). **This is a priority component.**

The facility physician did not review two of eighteen available detainee comprehensive health assessments (**Deficiency MC-8²¹**). ODO's original sample size was 20 detainee medical files; however, when two of the health assessments could not be found only 18 health assessments remained for ODO to review. Additionally, for those two detainees there was no documentation that they had received a dental screening (**Deficiency MC-9²²**).

Nine of the 20 detainees had chronic conditions, but none of their medical files included a medical/psychiatric alert form (**Deficiency MC-10²³**). The HSA informed ODO she was unfamiliar with medical/psychiatric alerts. ODO provided the HSA with a copy of the ICE PBNDS 2011 *Medical Care* standard, for future reference.

ODO reviewed five mental health referrals and found medical staff did not complete a mental health assessment for one of the five within 72 hours of intake screening. ODO interviewed mental health staff and learned that when a mental health referral is deemed necessary as a result of information provided by a detainee during intake screening, a nurse must activate the referral as a task in the facility's electronic medical records system. ODO determined that in the case described above, a nurse did not activate the task (**Deficiency MC-11²⁴**).

A review of 25 randomly-selected officer training files confirmed training is current for first aid, automated external defibrillator (AED), and cardio pulmonary resuscitation; however, nursing staff training files did not contain CPR training documentation (**Deficiency MC-12²⁵**).

ODO verified nurses receive training in administering medications; however, four of five medication administration records (MAR) reviewed by ODO were incomplete. All four MARs were missing documentation of two to five doses over a one month period (**Deficiency MC-13²⁶**).

²¹ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(L).

²² "An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(P).

²³ "Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(M). **This is a priority component.**

²⁴ "Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a licensed mental health professional as medically indicated no later than 72 hours after the referral, or sooner if necessary." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(N)(3). **This is a priority component.**

²⁵ "All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(R)(1)(d). **This is a priority component.**

²⁶ "Written records of all prescribed medication given to or refused by detainees shall be maintained." See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(S).

Two detainees received psychotropic medications but both lacked specific consent forms for those psychotropic medications in their medical files. The HSA informed ODO that PCDC does not obtain specific consent for psychotropic medications (**Deficiency MC-14²⁷**).

ODO interviewed the HSA and reviewed 20 detainee medical files and found documents were not consistently organized and were difficult to find. In addition, documentation of patient encounters were found in file drawers rather than in the medical files, rendering the files incomplete and potentially impeding continuity of care (**Deficiency MC-15²⁸**).

ODO reviewed quarterly administrative meeting minutes and found quarterly meetings are held with the HSA and the ACH Regional Nurse Manager; however, meetings involving PCDC medical or facility staffs are not held (**Deficiency MC-16²⁹**).

Additionally, quality improvement activities are not being performed as required by the standard, to include data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs (**Deficiency MC-17³⁰**). The available meeting minutes reflect only one quality improvement activity was completed, with no follow up monitoring.

Medical Care (Women) (MC W)

ODO reviewed seven female detainee medical files and found all were questioned about pregnancy during intake screening; however, four detainee medical files did not document completion of pregnancy tests (**Deficiency MC W-1³¹**).

ODO also found the initial health assessment of the female detainees did not include evaluation and assessment of the reproductive system as required by the standard (**Deficiency MC W-2³²**). It is noted registered nurses perform the initial health assessments at PCDC. Registered nurses

²⁷ “Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication’s side effects, shall be obtained.” See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(X)(4).

²⁸ “The HSA shall maintain a complete health record on each detainee that is: a. organized uniformly in accordance with appropriate accrediting body standards; b. available to all practitioners and used by them for health care documentation; c. properly maintained and safeguarded in a securely locked area within the medical unit.” See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(Y)(1)(a-c). **This is a priority component.**

²⁹ “The HSA shall convene a meeting quarterly at minimum, and include other facility and medical staff as appropriate. The meeting agenda shall include, at minimum, the following: a. an account of the effectiveness of the facility’s health care program; b. discussions of health environment factors that may need improvement; c. review and discussion of communicable disease and infectious control activities; d. changes effected since the previous meetings; and e. recommended corrective actions, as necessary.” See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(BB)(1)(a-e). **This is a repeat deficiency.**

³⁰ “The HSA shall implement a system of internal review and quality assurance. The system shall include: a) participation in a multidisciplinary quality improvement committee.” See ICE PBNDS 2011, Standard, Medical Care, Section, (V)(BB)(2)(a). **This is a priority component.**

³¹ “In addition to the medical, mental health and dental services provided to every detainee as required by standard ‘4.3 Medical Care,’ every facility shall directly or contractually provide its female detainees with access to: 1. pregnancy services, including pregnancy testing....” See ICE PBNDS 2011, Standard, Medical Care (Women), Section, (V)(A)(1). **This is a priority component.**

³² “All initial health assessments of female detainees shall be provided by a trained and qualified health provider, and must include a thorough evaluation and assessment of the reproductive system.” See ICE PBNDS 2011, Standard, Medical Care (Women), Section, (V)(B)(2).

are not qualified to perform evaluations and assessments of the reproductive system in accordance with the standard.

ODO reviewed the facility's initial health assessment form and found it does not address the following: pregnancy testing; whether the detainee is nursing; use of contraception; reproductive history; menstrual cycle; history of breast and gynecological problems; family history of same; and any history of physical or sexual victimization and when the incident occurred (**Deficiency MC W-3³³**).

Additionally, the seven medical files reviewed by ODO did not contain documentation that female detainees are offered age-specific preventative services such as breast examinations, pap-test, mammography, and sexually transmitted disease screening (**Deficiency MC W-4³⁴**).

Women's health guides are provided to all female detainees at the time of intake. The pamphlets are available in both English and Spanish, and address such topics as nutrition and exercise, prevention and detection of breast cancer, contraception, sexually transmitted diseases, female disease processes, abortion, menopause, domestic violence, and depression. ODO cites this as a best practice (**BP-1**).

³³ "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about the following: a. pregnancy testing and documented results; b. if the detainee is currently nursing (breastfeeding); c. use of contraception; d. reproductive history (number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.); e. menstrual cycle; f. history of breast and gynecological problems; g. family history of breast and gynecological problems; and h. history of physical or sexual victimization and when the incident occurred." See ICE PBNDS 2011, Standard, Medical Care (Women), Section, (V)(B)(2)(a-h).

³⁴ "Preventative services specific to women shall be offered for routine age appropriate screenings, to include breast examinations, pap-smear, STD testing and mammograms." See ICE PBNDS 2011, Standard, Medical Care (Women), Section, (V)(D).