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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Boston Field Office

Bristol County Detention Center
North Dartmouth, Massachusetts

August 13-15, 2019

COMPLIANCE INSPECTION
of the
BRSITOL COUNTY DETENTION CENTER
North Dartmouth, Massachusetts

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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 Bristol County Detention Center (BCDC) in North Dartmouth, Massachusetts, from August 13 to 15, 2019.¹ The facility opened in 1990 and is owned and operated by Bristol County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCDC in 1996 under the oversight of ERO's Field Office Director (FOD) in Boston (ERO Boston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. A sheriff handles daily facility operations and is supported by █████ personnel. BCDC provides food services, Correctional Psychiatric Service (CPS) provides medical care, and Keefe 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 ²	218
Average ICE Detainee Population ³	186
Male Detainee Population (as of 8/13/2019)	174
Female Detainee Population (as of 8/13/2019)	14

During its last inspection, in FY 2016, ODO found eight deficiencies in the following areas: Searches of Detainee (1); Special Management Units (2); Staff-Detainee Communication (1); Medical Care (2); and Detainee Handbook (2).

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

² Data Source: ERO Facility List Report as of August 19, 2019.

³ *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.⁴

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 in which 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.

⁴ 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 ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	4
Classification System	1
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	2
Sub-Total	10
Part 4 – Care	
Food Service	0
Medical Care	5
Personal Hygiene	1
Suicide Prevention and Intervention	0
Sub-Total	6
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	20

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

DETAINEE RELATIONS

ODO interviewed 10 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.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated he was concerned about a January 2018 Prison Rape Elimination Act (PREA) allegation which involved him while he was housed at the Krome Service Processing Center (SPC). The detainee stated the incident had not been reported to ERO.

- Action Taken: ODO discussed the issue with ERO and determined a PREA staff-on-detainee allegation was submitted to ERO on January 30, 2018, while the detainee was housed at the Krome SPC. The outcome of the investigation was unfounded and closed on August 13, 2018. Because detainee was bonded out of the Krome SPC prior to the conclusion of the investigation, the outcome was not discussed with him. ERO discussed the outcome of the allegation with the detainee on August 15, 2019. The detainee was satisfied with the fact that the allegation had been reported, investigated, and subsequently closed. No further action was requested by the detainee.

Religious Practices: One detainee stated he submitted a religious diet request approximately 12 months prior to the inspection that went unanswered. The detainee claimed his request was for a kosher diet based on his Seventh Day Adventist belief.

- Action Taken: ODO discussed the issue with the BCDC religious services coordinator and determined the detainee had not submitted a written request for a religious diet. However, on August 14, 2019, the religious services coordinator spoke to the detainee and informed him because of his Seventh Day Adventist belief, he would be placed on a vegetarian meal plus fish diet. Food service processed the detainee's religious diet request on August 14, 2019, and the detainee started receiving a religious diet the same day.

Medical Care: The following detainees expressed concerns about medical care:

One detainee stated she has a history of breast growths and has requested follow-up treatment and labs since April 2019.

- Action Taken: ODO reviewed the detainee's medical record and determined the detainee arrived at the facility on January 23, 2019, underwent a physical examination on February 5, 2019, and had a pelvic examination and pap smear on June 13, 2019. During the June 2019 examination, the detainee reported a history of multiple breast masses previously treated and removed by way of lumpectomy. The pelvic and breast examinations performed in June, revealed no palpable masses. On July 23, 2019, the detainee submitted a sick call request for breast follow-up via mammogram. The sick call request was triaged by a Licensed Practical Nurse (LPN), who referred the detainee to a medical provider. On August 2, 2019, the detainee submitted a sick call request for breast pain, was evaluated by an LPN, and was prescribed Tylenol for pain without a full breast examination; the LPN documented the detainee declined the examination. On August 10, 2019, the detainee again submitted a sick call request for treatment of breast pain. An LPN triaged the detainee and referred her for a routine medical evaluation by a physician. The detainee

was scheduled to be seen by medical staff on August 16, 2019. ODO recommended to medical staff that they consider scheduling a mammogram and ultrasound if clinically indicated.

One detainee stated she put in a medical request for dentures but was told she had to be a BCDC resident for six months or more to receive this care.

- Action Taken: ODO reviewed the detainee's medical record and determined the detainee arrived at the facility on April 10, 2019; a dental screening was performed on April 24, 2019. The oral examination found the detainee had no maxillary teeth, as they were extracted six months prior to detention. A dental treatment plan was subsequently developed and documented. On August 14, 2019, facility medical staff explained again to the detainee that she does not meet the criteria to receive appliances such as dentures. It was explained that routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six months, including amalgam and composite restorations, prophylaxis, root canals, extractions, X-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee's health. ODO also found, according to the Enforce Alien Removal Module, the detainee was removed to her home country by way of escort on August 22, 2019, before the six-month detention period.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO verified the accuracy of the medical sharps. However, ODO confirmed medical sharps are inventoried at shift change and verified monthly, as opposed to weekly, by the nursing director and a member of the security staff (**Deficiency EH&S-1⁶**).

The medical unit includes two multi-person wards and four individual rooms. ODO's inspection of the medical unit found torn and cracked mattresses, dust and dirt build-up on the bunks, and stained and dirty floors (**Deficiency EH&S-2⁷**).

SECURITY

ADMISSION AND RELEASE (A&R)

The BCDC orientation procedures include an in-depth orientation in the assigned housing unit by a case manager and a video. ODO reviewed the video and the case managers' intake process and found the orientation package was comprehensive, including a question and answer section. Additionally, the "Know Your Rights" video is played several times each week in the dayroom of each detainee housing unit. ERO stated the orientation process had been verbally approved by ERO; however, ODO was not provided written documentation of the local ERO filed office's approval (**Deficiency AR-1⁸**).

ODO reviewed 20 detainee files and confirmed each file contained a signed inventory form, the New Admissions Routing Sheet, and the initial Risk Classification Assessment completed by

⁶ "Items that pose a security risk, such as sharp instruments, syringes, needles, and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." *See* ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VIII)(D).

⁷ "Environmental cleanliness will prevent, reduce and control nosocomial infections due to contaminated environmental surfaces. The HSA or designee is responsible for ensuring the cleanliness of the medical facility. Using an acceptable health agency standard as a model, the HSA shall establish:

- The cleaning equipment; cleansers; disinfectants and detergents to be used,
- The Methods of cleaning, and
- The frequency of cleaning and inspections.

The HSA or designee shall make a daily visual inspection of the medical facility noting the condition of the floors, walls, windows, horizontal surfaces, and equipment.

All surfaces touched by detainees or staff shall be cleaned using fresh solutions of appropriate disinfectant products, applied with clean cloths, mops, or wipes. Cleaned surfaces need not be monitored microbiologically since the results of such tests have been shown not to correlate with infection risk. Floors, walls, beds, tables, and other surfaces that usually come in contact with intact skin require low-level disinfection. Horizontal surfaces in detainee care areas are cleaned on a regular basis, when soiling or spills occur..." *See* ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VIII)(F)(1).

⁸ "Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." *See* ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(F).

ERO, and each file contained the required Order to Detain or Release form (I-203); however, one file did not contain the signature of the ERO official authorizing the order (**Deficiency AR-2**⁹).

BCDC policy includes detainee releases. Although ERO verbally approved the release procedures, there was no documentation to verify ERO approval (**Deficiency AR-3**¹⁰). ODO reviewed the files of five released detainees and found each contained a signed property form signifying the return of personal property and other release documentation; however, there was no I-203 in any of the files reviewed (**Deficiency AR-4**¹¹).

ODO notes as a **Best Practice** that BCDC completes a retinal eye scan [REDACTED] on detainees upon arrival. The retinal scan of detainees is more accurate and faster than taking fingerprints in the identification of detainees. By using these scans, the files of each detainee can be accessed in less than five seconds, and all data gathered during intake is entered into the Offender Management System computerized database.

ODO notes as a **Best Practice** that the facility uses a New Admissions Routing Sheet that requires signatures from the booking officer, intake nurse, property clerk, zone supervisor, and watch commander. Requiring signatures ensures each step in the intake process is completed.

CLASSIFICATION SYSTEM (CS)

ODO's review of 20 files found eight detainees requiring reclassification did not have any reclassification documents completed within the required timeframe (**Deficiency CS-1**¹²). Overdue reclassifications of these eight cases ranged from one to nine months late.

FUNDS AND PERSONAL PROPERTY (F&PP)

Detainees can keep reasonable amounts of personal property in their housing units. In BCDC, personal property is stored in gray bins, which can be secured but are not. In the housing unit occupied by detainees classified as high-level, allowable personal property is placed in large, clear plastic bags, with a velcro closure, which are not secured (**Deficiency F&PP-1**¹³).

⁹ "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(E).

¹⁰ "ICE/DRO shall approve IGSA release procedures." See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(H).

¹¹ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release, signed by an authorized official." See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(H).

¹² "All facility classification systems shall ensure that a detainee may be reassessed and/or reclassified. In SPF's and CDFs:

The first reassessment shall be completed 60-90 days after the date of the initial assessment.

- *Subsequent reassessments shall be completed at 90-120-day intervals after initial assessment.*
- *A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation and at any other time when additional, relevant information becomes known. Reclassification may occur as a result of an assault, a criminal act, or victimization." See ICE PBNDS 2008, Standard, Classification System, Section (V)(H).*

¹³ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E)(4).

ODO's review of the BCDC detainee handbook determined detainees are not notified of: the items they may keep; rules for storing or mailing property not allowed; the procedure for filing a claim for lost or damaged property; and how to access detainee funds to pay for legal services (**Deficiency F&PP-2**¹⁴).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed detainee requests submitted during a six-month period and determined they were all properly responded to within the required time frame. The log contained the detainee's name, A-Number, and nationality; however, it did not contain the name of the staff member who logged the request (**Deficiency SDC-1**¹⁵).

Corrective Action: Prior to completion of the inspection, ERO initiated corrective action by incorporating an additional column in the logbook to capture the name of the staff member logging in the request (**C-1**).

USE OF FORCE AND RESTRAINTS (UOF&R)

BCDC has comprehensive written policies governing the use of force; [REDACTED]

¹⁴ "The detainee handbook or equivalent shall notify the detainee of facility policies and procedures concerning personal property including:

- Which items (and cash) they may retain in their possession;
- That, upon request, they shall be provided an ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in the A-files;
- The rules for storing or mailing property not allowed in their possession;
- The procedure for claiming property upon release, transfer, or removal;
- The procedures for filing a claim for lost or damaged property;
- Access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard, Funds and

Personal Property, Section (V)(C).

¹⁵ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: Name of the staff member who logged the request." See ICE NDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁶ "The following restraint equipment is authorized:

[REDACTED]

Deviations from this list of restraint equipment are strictly prohibited." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(L).

ODO interviewed BCDC staff and reviewed available documentation, and determined there were three reported immediate and no calculated use of force incidents in the year preceding the inspection. ODO reviewed the use of force packets for the three immediate UOF incidents and determined each included the audio-visual recording of the incident, evidence of follow-up medical attention, and proper reporting and notification requirements. ODO determined each incident was reasonable and commensurate with each detainee's actions; however, none contained written documentation indicating a comprehensive after-action review was completed (**Deficiency UOF&R-2¹⁷**).

CARE

MEDICAL CARE (MC)

ODO reviewed the credential documents of [REDACTED] medical staff providing care at BCDC and found the following: [REDACTED] files did not contain current cardio-pulmonary resuscitation certification; [REDACTED] did not contain primary source verification; [REDACTED] license was expired; another license contained the wrong position description [REDACTED] did not contain education to support the position; and [REDACTED] did not have a credentials file (**Deficiency MC-1¹⁸**).

Corrective Action: Prior to completion of the inspection, the facility acquired all state license verifications, obtained current certifications, and updated all missing position descriptions (**C-2**).

Initial health assessments are completed by a nurse practitioner, physician assistant or a physician; however, ODO's review of 40 medical files found nine health assessments were not completed within 14 days of arrival (**Deficiency MC-2¹⁹**). The deficient records showed physical examinations were completed on days 15 or 16. A review of the electronic medical records revealed the electronic patient scheduler uses a 24-hour clock to identify length of stay and, recognizes the day of detainee admission as day "0" and day two as day one; hence, an administrative computer error resulted in the delays of physical examinations in several instances.

ODO reviewed 22 medication administration records (MARs) and determined there were instances in which: 1) a detainee with HIV did not receive his medications for four days; 2) a detainee did not receive her prescribed proton pump inhibitor for four days; and 3) a hypertensive patient did not receive his medications for three days (**Deficiency MC-3²⁰**).

¹⁷ "ALL facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions. IGSA's shall model their incident review process after ICE/DRO's process and submit it to ICE/DRO for DRO review and approval. The process must meet or exceed the requirements of ICE/DRO's process." See ICE PBNDs 2008, Standard, Use of Force and Restraints, Section (V)(P).

¹⁸ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDs 2008, Standard, Medical Care, Section (V)(H). **This is a priority component.**

¹⁹ "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..." See ICE PBNDs 2008, Standard, Medical Care, Section (V)(J). **This is a priority component.**

²⁰ "Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority." See ICE PBNDs 2008, Standard, Medical Care, Section (V)(P).

Nurses are the only staff authorized to administer, distribute, reconcile and dispose of medications. ODO observed medication administration at three different locations by [REDACTED] different nurses. During the inspection, ODO observed medication administration being conducted in common areas, which lack privacy, and on one occasion, a nurse disposing of a medical document in the regular trash (**Deficiency MC-4²¹**). ODO observed nurses do not positively identify detainees; whether by checking wristbands, asking for their A-numbers, or another method prior to medication administration. Additionally, MARs were not always completed at the time of medication administration (**Deficiency MC-5²²**).

ODO notes as an **Area of Concern** that the inspection team and the BCDC Supervisor of Nursing observed a LPN not using the blister packs prepared by the pharmacist. Instead, medications for all detainees were placed in medicine cups that did not identify the type of medication in the cup, nor the name of the detainee or MARs. This practice is a significant health and safety concern, as it could result in erroneous medication delivery.

ODO notes as an **Area of Concern** that facility patient care areas and medical unit sanitation was unacceptable, with dirt build-up on floors and walls, torn mattresses and chairs, and dust accumulation on lineal surfaces (**Deficiency EH&S-2**). Operational hand washing facilities, hand sanitizer, and personal protective equipment were available. However, ODO noted staff were not washing their hands or cleaning diagnostic equipment in between patients. This unacceptable level of sanitation and furniture in disrepair can lead to the spread of diseases and the lack of handwashing and medical equipment sanitation between patient contact can have a detrimental effect on facility infection control.

PERSONAL HYGIENE (PH)

Male detainees are housed, along with male inmates, in the Male East housing unit. This unit has 13 eight-person cells and a maximum capacity of 104 detainees/inmates. The unit has 10 showers, 13 sinks, six toilets, and three urinals. However, at the time of the inspection, two urinals were broken as a result of a shampoo bottle being jammed in the plumbing; thus, the number of functional toilets/urinals was only seven, falling below the requisite minimum of nine.

ODO's inspection of the Female Unit found the restrooms and showers to be clean; however, the light fixtures and door frames had rust and peeling paint. Female detainees are housed in the Female Unit, which has a two-tier configuration, providing 16-two person cells and one dorm room with three bunk beds, for a maximum capacity of 38 detainees/inmates. However, there are only three showers, four sinks, and four toilets (**Deficiency PH-1²³**). This is noted as an **Area of**

²¹ "Information about a detainee's health status and a detainee's health record is confidential." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(U)(2).

²² "Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(P).

²³ "Detainees shall be provided: 1. an adequate number of toilets, 24 hours per day, which 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. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets. 3. Operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees." See ICE PBNDS 2008, Standard, Personal Hygiene, Section (V)(E).

Concern; however, it is worth noting that the facility was in the process of replacing door frames and fixtures with stainless steel wraps in order to reduce rust and the need for additional painting.

ACTIVITIES

TELEPHONE ACCESS (TA)

Listings for pro-bono services, consulates, embassies, ICE numbers, and telephone operating instructions were posted near telephones in each housing unit. However, ODO found postings for pro-bono services in the Female Unit and SMU had not been updated since January 2017 (**Deficiency TA-1**²⁴).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by posting updated information on pro-bono services in each housing unit (**C-3**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO determined that in contravention of the standard, the facility detainee handbook states, “when a Detainee Medical Inquiry Form is used, the Health Services Administrator (HSA) has 10 working days to respond.” (**Deficiency GS-1**²⁵). However, ODO verified that a BCDC policy dated March 8, 2019, correctly states, “the HSA responds to medical grievances within five working days of receipt in accordance with the standard.” ODO encourages the facility to resolve the discrepancy between its handbook and policy and ensure relevant staff are aware of the required time frame.

CONCLUSION

ODO reviewed the facility’s compliance with 18 standards under PBNDS 2008. ODO found the facility compliant with eight standards and identified 20 deficiencies in the remaining 10 standards. ODO noted many deficiencies resulting from a lack of adequate documentation, insufficient form use, and a lack of proper policy approval from the local ERO field office in its Admission and Release program.

ODO commends the facility for two **Best Practices**, to include its use of a retinal eye scan [REDACTED] and the New Admissions Routing Sheet to efficiently keep track of the intake process.

²⁴ “ICE/DRO Headquarters will maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and OIG, as determined by ICE. All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction, including IGSA’s, are provided with updated pro bono information.” See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(3).

²⁵ Grievance forms concerning medical care shall be delivered directly to medical staff designated to receive and respond to medical grievances at the facility. Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and rationale.” See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(c).

ODO identified three **Areas of Concern**. Even though Medical Care saw the greatest number of deficiencies and Areas of Concern, ODO commends the facility for immediate corrective action regarding the acquiring of all missing or inadequate medical staff credential documentation. ODO encourages the facility to correct its electronic patient scheduler to complete timely detainee health assessments, and to correct all deficient practices observed in the administration of patient medication.

ODO recommends ERO work closely with the facility to remedy any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (PBNS 2008)	FY 2019 (PBNS 2008)
Standards Reviewed	16	18
Deficient Standards	5	10
Overall Number of Deficiencies	8	20
Deficient Priority Components	1	2
Repeat Deficiencies	N/A	0
Corrective Actions	3	3