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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Phoenix Field Office
La Palma Correctional Center
Eloy, Arizona

March 5-7, 2019

COMPLIANCE INSPECTION
of the
LA PALMA CORRECTIONAL CENTER
Eloy, Arizona

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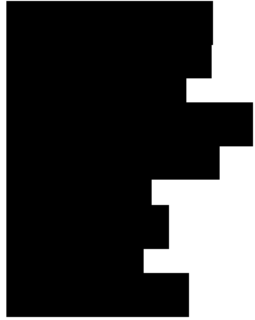
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FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the La Palma Correctional Center (LPCC) in Eloy, Arizona from March 5-7, 2019. LPCC opened in 2008 and is owned and operated by Core Civic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees in 2008, pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Phoenix, Arizona. The facility currently operates under the Performance-Based National Detention Standards (PBNDS) 2011, as revised in 2016.

A Detention Services Manager is the only ERO employee assigned to the facility. The Warden is responsible for the oversight of daily facility operations and is supported by [REDACTED] personnel. LPCC houses male detainees of low, medium and high classification levels, in addition to California state inmates. Trinity Service Group provides food services, and Keefe Supply Company provides commissary products. Core Civic provides medical services at LPCC, and a Registered Nurse (RN) employed by Core Civic is the facility's designated Health Services Administrator (HSA). The facility is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ¹	1,440
Average ICE Detainee Population ²	1,325
Male Detainee Population (as of 03/05/2019)	1,421
Female Detainee Population (N/A)	N/A

This is ODO's first compliance inspection of LPCC.

¹ Data Source: ERO Facility List dated February 11, 2019.

² *Ibid.*

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 STANDARDS INSPECTED ³	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	3
Part 2 – Security	
Admission and Release	6
Custody Classification System	4
Funds and Personal Property	6
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	2
Use of Force and Restraints	2
Sub-Total	23
Part 4 – Care	
Disability, Identification, Assessment, and Accommodation	2
Food Service	8
Medical Care	8
Medical Care (Women)	N/A
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	19
Part 5 - Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance System	3
Law Libraries and Legal Materials	1
Sub-Total	4
Total Deficiencies	49

³ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

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 over 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*. ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

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 Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management in order to aid in the decision-making processes to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 35 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 placed a written request for medical attention on February 25, 2019, for a headache, and was told by medical staff the doctor would see him on March 4, 2019. On the date of ODO's interview, March 5, 2019, the detainee was still waiting to be seen by the doctor.

- Action Taken: Medical staff informed ODO the detainee was seen by a mental health professional on March 6, 2019. The mental health professional gave the detainee breathing exercises and relaxation techniques and referred the detainee to the medical doctor, who evaluated him that same day. The medical doctor prescribed the detainee Ibuprofen to treat chronic headaches. Medical staff informed ODO they would follow up with the detainee in six weeks.

Detainee Handbook: ODO interviewed 20 detainees whose first language is Punjabi. All 20 stated they received both the ICE National Detainee Handbook and the facility's local supplement handbook in English, which they were unable to read or understand. As a result, they were unaware of how to report instances of sexual abuse, how to access the law library, the grievance procedures, etc.

- Action Taken: ODO informed both Core Civic supervisory staff and ERO personnel of the detainees' concerns. Core Civic staff stated they would identify all detainees who do not speak either English or Spanish to get them needed information in a language they understand. ODO provided facility staff with information that the ICE National Detainee Handbook is available in Punjabi and other languages on ERO's website and available for download. By the end of the inspection, Core Civic staff had not identified those detainees who needed information in their appropriate language.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed sanitation practices were inconsistent in the detainee housing units and in the intake area. Specifically, ODO observed ceiling tiles that were soiled with water stains, overhead air vents that were covered in dried toilet paper, and shower units with heavy buildup of soap scum (**Deficiency EH&S-1⁵**).

ODO observed cleaning chemicals used for sanitation and housekeeping were properly stored; however, secondary containers (spray bottles) located on the chemical cart in the [REDACTED] were not labeled with their contents (**Deficiency EH&S-2⁶**). Additionally, although fire evacuation exit diagrams were strategically placed throughout the facility and written in English and Spanish, “areas of safe refuge” were not identified as required by the standard (**Deficiency EH&S-3⁷**).

SECURITY

ADMISSION AND RELEASE (A&R)

At the time of ODO’s inspection, LPCC’s population included approximately 100 detainees who speak and read Punjabi but have limited or no proficiency in either English or Spanish. ODO interviewed the Chief of Unit Management (COM), who stated that although LPCC has orientation videos and detainee handbooks available in both English and Spanish, the facility does not have a process to provide orientation to detainees who speak another language (**Deficiency AR-1⁸**).

⁵ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.

- a. All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution used according to the manufacturer’s directions.
- c. Furniture and fixtures shall be cleaned daily.
- d. Floors shall be mopped daily and when soiled, using the double-bucket mopping technique and with a hospital disinfectant-detergent solution mixed according to the manufacturer’s directions.
- e. A clean mop head shall be used each time the floors are mopped.”

See ICE PBNDS 2011, revised 2016, Standard, Environmental Health and Safety, Section (V)(A)(3)(a)(c)(d)(e).

⁶ “The facility administrator shall individually assign the following responsibilities associated with the labeling procedure:

- ...b. overseeing the use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer materials;
- ...d. working with staff to ensure that containers are properly labeled; and
- e. correctly labeling all smaller containers to correspond to the manufacturer-affixed labels on larger shipping containers.”

See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(11)(b),(d),(e).

⁷ “In addition to a general area diagram, the following information must be provided on signs:

- ...c. emergency equipment locations.

‘Areas of Safe Refuge’ shall be identified and explained on diagrams. Diagram posting shall be in accordance with applicable fire safety regulations of the jurisdiction.” See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(5)(c).

⁸ “All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in CDFs and IGSA’s must be approved in advance by the local ICE/ERO Field Office.” See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F). **This is a Priority Component.**

Further, although the standard requires the facility to establish a process for obtaining a written translation of the handbook for significant segments of the population with limited English proficiency, LPCC has no established mode for translating the facility handbook into Punjabi or another language (**Deficiency AR-2⁹**), and does not use telephonic interpretation to read the contents of the handbook to detainees who do not speak English or Spanish (**Deficiency AR-3¹⁰**).

ODO's review of 30 detention files confirmed that detainees are consistently processed within 12 hours of arrival at the facility; however, ODO found nine Orders to Detain (I-203s) were either not signed by the appropriate ICE/ERO authorizing official or were incomplete (**Deficiency AR-4¹¹**).

ODO reviewed LPCC's release procedures and verified they meet the standard for IGSA facilities; however, ERO has not approved LPCC's release procedures (**Deficiency AR-5¹²**).

ODO reviewed the files of six detainees who were transferred or deported and found that, while they did contain an I-203, they were not signed by an authorizing official (**Deficiency AR-6¹³**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

LPCC policy 18-100, Classification Housing, Work and Program Plan, describes the LPCC objective facility classification system, which meets the requirements of the ICE PBNDS 2011; however, the facility custody classification instrument has not been approved by the local ERO office (**Deficiency CCS-1¹⁴**).

ODO reviewed 30 detainee files and found each had a Risk Classification Assessment (RCA) with the classification level approved by an ERO supervisor. ODO's review of the detainee roster found six detainees were housed in units conflicting with their custody classification level (**Deficiency CCS-2¹⁵**).

⁹ "If a detainee does not understand the language of the handbook and supplement, the facility administrator shall provide a translator or access to interpreter services as soon as possible for the purpose of orientation." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(G)(3).

¹⁰ "The handbook and supplement shall provide a more detailed discussion of the material covered in the video overview. The handbook and supplement shall be in English and Spanish or English and provisions for written translation shall be made for other significant segments of the population with limited English proficiency." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(G)(2).

¹¹ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(E). **This is a Priority Component.**

¹² "Facility staff assigned to processing must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include, but are not limited to: completing out-processing forms; closing files and fingerprinting; returning personal property; reclaiming facility-issued clothing, identification cards, handbooks, and bedding; and checking wants and warrants. ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

¹³ "A detainee's out-processing begins when release processing staff receive the Form I-203, 'Order to Detain or Release,' signed by an authorizing official." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1). **This is a Priority Component.**

¹⁴ "Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard. Facilities may rely on the ICE Custody Classification Worksheet, or a similar locally established system, subject to ICE/ERO evaluation and approval, as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/ERO requirements." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A). **This is a Priority Component.**

¹⁵ "Ordinarily, detainees in different custody classification levels are housed separately. When it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply:

The classification supervisor stated the facility does not consistently receive RCAs from ERO and frequently has to contact ERO for a copy during the intake process. The classification supervisor also stated that ERO does not consistently provide an updated RCA to LCPP when ERO reclassifies a detainee (**Deficiency CCS-3¹⁶**). Specifically, the four detainees cited above, whose classification level in the Offender Management System (OMS) conflicted with their housing assignment, had secondary RCAs completed by ERO after the detainee was admitted to the facility. ERO did not provide the updated RCA to the facility supervisory staff to ensure OMS was updated and the documentation was placed in the detainees' files.

The LPCC classification system does not ensure detainees are reassessed and/or reclassified at 90- to 120-day intervals (**Deficiency CCS-4¹⁷**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO observed that detainees' large valuables and personal property are stored in individual property bags, which are placed in storage bins and maintained in the institution warehouse. ODO found each storage bin contains property bags for multiple detainees, and the property is not secured in a tamper resistant manner. Additionally, when a bin is opened to retrieve property, the facility does not ensure all detainees with property in the bin are present (**Deficiency F&PP-1¹⁸**).

ODO found that LPCC does not have an appropriately restricted area to keep large valuables and personal property and instead uses the institution warehouse, which is accessible to staff other than designated supervisors and receiving and discharge staff (**Deficiency F&PP-2¹⁹**).

1. High custody detainees may not be housed with low custody detainees.
2. Low custody detainees and medium-low custody detainees may be housed together, and medium-high custody detainees and high custody detainees may be housed together.
3. Medium-low custody detainees are those with no history of violent or assaultive charges or convictions, no institutional misconduct, and no gang affiliation.
4. Medium-high and high custody detainees are those with a history of violent or assaultive charges, convictions, institutional misconduct, or those with a gang affiliation.
5. Under no circumstance may a medium custody detainee with a history of assaultive or combative behavior be placed in a low custody housing unit."

See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(G)(1-5). **This is a Priority Component.**

¹⁶ "All detainees shall be classified upon arrival and before being admitted into the general population of the facility. ICE/ERO staff shall provide facilities the data needed from each detainee's file to complete the classification process." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A)(1).

¹⁷ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified. Reclassification assessments shall take into account, among other factors, the detainee's risk of victimization or abusiveness. Staff shall record whether a classification process is being conducted for an initial classification or subsequent reclassification:

1. The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification.
2. Subsequent reclassification assessments shall be completed at 90- to 120-day intervals."

See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(1)(2).

¹⁸ "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 2011, Standard, Funds and Personal Property, Section (V)(I).

¹⁹ "All facilities, at a minimum, shall provide:

1. a secured locker for holding large valuables, which can be accessed only by designated supervisor(s) and/or property officer(s) and

ODO interviewed the supervisory intake officer, who stated LPCC does not conduct an inventory of property at least once each quarter, as required by the standard (**Deficiency F&PP-3²⁰**). He also stated he does not verify the accuracy of all property or record all funds and items deposited in the drop safe (**Deficiency FPP-4²¹**).

ODO learned on-coming and off-going supervisors are not simultaneously conducting an audit of detainee funds, small valuable property envelopes, or large valuables during shift changes. ODO also learned the facility does not maintain a property and valuables log book to record the date, time and the name of the officer(s) conducting the inventory (**Deficiency FPP-5²²**).

ODO toured the detainee housing units and observed that although detainees are provided with a property storage bag, the bags are not securable (**Deficiency FPP-6²³**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 25 detention files and found that between June 2018 and March 2019, six detainees were assigned to administrative segregation (AS). A copy of the AS order was missing from all six detention files (**Deficiency SMU-1²⁴**). Similarly, of the 25 detention files reviewed, two included detainees assigned to disciplinary segregation (DS) between June 2018 and March 2019, and neither detention file contained disciplinary segregation orders (**Deficiency SMU-2²⁵**). ODO learned all records, files, and other documentation regarding the temporary placement of detainees in SMU are maintained at Eloy Detention Center (EDC); however, LPCC is responsible for ensuring a copy of SMU documentation is placed in the detainee's detention file.

ODO's review of the detention files for the six detainees previously placed in SMU found LPCC staff do not place SMU documentation, including the housing unit record for SMU, in the

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2. a baggage and property storage area that is secured when not attended by assigned admissions processing staff."

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(A)(1)(2).

²⁰ "An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter." *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

²¹ "During each shift, the supervisory security officer shall verify the accuracy of all G-589 Forms or equivalent, record all funds and items in the drop safe or similarly secured depository in the supervisors' property log, and verify the disposition of all large valuables in the designated secured locked area." *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(H).

²² "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory. Any discrepancies shall be immediately reported to the Chief of Security, who shall follow facility procedure to ensure that all detainee funds and valuables are accounted for." *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

²³ "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).

²⁴ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." *See* ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(A)(2)(h).

²⁵ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." *See* ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(B)(2)(c).

detainees' detention files (**Deficiency SMU-3**²⁶).

ODO also cites as an **Area of Concern** that personal protective equipment is not readily available for staff that are assigned to supervise detainees housed in the SMU.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ERO's detainee request logs and found the facility does not log the date the detainee made the request or the outcome of the request (**Deficiency SDC-1**²⁷). ODO also found copies of the completed detainee requests are not consistently placed into detention files and kept for a minimum of three years (**Deficiency SDC-2**²⁸). Specifically, of seven detention files ODO reviewed, four did not contain copies of the detainees' requests.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed facility policy and interviewed supervisory staff and found ERO has not approved LPCC's Use of Force Report Form (Appendix 5-1D, Policy 9-1-Use of Force and Restraints) (**Deficiency UOF&R-1**²⁹) or LPCC's written procedures for after-action review and reporting of use of force incidents (**Deficiency UOF&R-2**³⁰).

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed LPCC's local facility handbook and noted that although it provides information to detainees on the facility's disability accommodation policy, it does not include information on the detainee's right to request reasonable accommodations or how to make such a request (**Deficiency DIA&A-1**³¹).

²⁶ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU.

...d. Upon a detainee's release from the SMU, the releasing officer shall attach that detainee's entire housing unit record to either the administrative segregation order or disciplinary segregation order and forward it to the Chief of Security or equivalent for inclusion into the detainee's detention file."

See ICE PBNDS 2011, Standard, Special Management Unit, Section (V)(D)(3)(d).

²⁷ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:

...(f) date that the request, with staff response and action, was returned to the detainee."

See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(f)(g).

²⁸ "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At minimum, the log shall record: *A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum.*" See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2).

²⁹ "All facilities shall have an ICE/ERO-approved form to document all uses of force." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(2).

³⁰ "All facilities shall have ICE/ERO-approved written procedures for after-action review of use of force incidents (immediate or calculated) and applications of restraints. All facilities shall model their incident review process after ICE/ERO's process and submit it to ICE/ERO for ERO review and approval. The process must meet or exceed the requirements of ICE/ERO's process." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(1).

³¹ "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

Corrective Action: Prior to the completion of the inspection, LPCC took corrective action by updating the handbook with an addendum and posting the addendum in each detainee-occupied pod.

ODO reviewed training records and found facility staff and contractors receive comprehensive disability and reasonable accommodation procedures training, as required. However, facility volunteers who have limited contact with detainees were not notified of the facility's disability accommodations policy (**Deficiency DIA&A-2³²**).

FOOD SERVICE (FS)

ODO observed food service staff taking food temperatures for the noon meal and verified temperatures met the standard, with one exception: Chocolate pudding was recorded at 43 degrees Fahrenheit (**Deficiency FS-1³³**).

ODO also observed detainee workers located at C-3K (a satellite kitchen and dining area) wearing their standard issued uniforms instead of the white uniforms required by the standard (**Deficiency FS-2³⁴**) and detainees working the food serving lines wearing the standard-issue blue loafer slip-on shoes instead of approved rubber-soled safety shoes (**Deficiency FS-3³⁵**).

ODO observed that the facility posted cleaning schedules strategically throughout the food service area and that, with one exception, sanitation levels in all areas of the food service operation were acceptable. ODO notes as an **Area of Concern** that the ICE detainee restroom in C-3K contained trash on the floor, in the sink, and in the toilet.

ODO reviewed the daily search log books in the Main Kitchen and in C-3K and found staff are not conducting area searches (**Deficiency FS-4³⁶**).

ODO's review of religious diet procedures found the facility does not consult the FOD before denying detainees participation in the religious diet program. Denial forms reviewed by ODO did not include dates and approval/concurrence from the facility administrator and FOD, respectively (**Deficiency FS-5³⁷**).

³² "The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's disability accommodations policy." See ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

³³ "Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 F degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below." See ICE PBDNS 2011, Standard, Food Service, Section (V)(D)(2)(a)(3). **This is a Priority Component.**

³⁴ "Detainee food service workers shall be provided with and required to use clean white uniforms while working in a food preparation area or on the serving line." See ICE PBDNS 2011, Standard, Food Service, Section (V)(J)(2)(e).

³⁵ "All food service personnel working in the food service department shall be provided with and required to use approved rubber-soled safety shoes." See ICE PBDNS 2011, Standard, Food Service, Section (V)(J)(2)(f).

³⁶ "All facilities must establish daily searches of detainee work areas (e.g., trash) as standard operating procedures, paying particular attention to trash receptacles. Searches of detainees leaving certain work areas (e.g., bakery, vegetable preparation, dining room, warehouse) are required to reduce the possibility that hot food or contraband can leave the restricted area. Unless otherwise directed by facility policy or special instructions, staff shall prevent detainees from leaving the food service department with any food item.

Food service personnel as well as facility detention staff shall conduct food service area searches." See ICE PBDNS 2011, Standard, Food Service, Section (V)(B)(5).

³⁷ "The facility administrator, in consultation with the chaplain, shall be the approving official for a detainee's removal

ODO inspected food storage and preparation areas and found temperatures are maintained in storage areas to protect food from bacteria and to prevent spoilage; however, ODO observed food was uncovered and exposed to overhead contamination in both the main kitchen walk-in cooler and by the kosher ovens (**Deficiency FS-6³⁸**).

ODO found that although sanitation levels in the food storage areas are satisfactory, the floors behind the metal storage stands in the dry storage room of the main kitchen area contain food debris and trash (**Deficiency FS-7³⁹**).

All food service area hand wash stations are equipped with hot and cold water, soap, and paper towels, and signs directing workers to wash hands before returning to work; however, the faucet to the sink in the C-3K detainee restroom is inoperable, and the restroom had no hand-wash sign posted (**Deficiency FS-8⁴⁰**).

MEDICAL CARE (MC)

ODO's interview with the HSA and review of training and credentialed files found not all health care staff had verifiable license or certification on file, and not all credential documents were found on site or readily available (**Deficiency MC-1⁴¹**).

ODO's review of training and credential files also found that the only medical staff currently certified in Advanced Cardiac Life Support (ACLS) are the facility's physicians and nurses who work the day shift during the week. The nurses who work evenings, nights and weekends are not ACLS certified, nor are they trained on the proper use of ACLS equipment (**Deficiency MC-2⁴²**).

from the common fare program. The facility administrator or chaplain is required to consult with the local FOD prior to denying any request for a religious diet. In addition, once a detainee has been approved for a religious diet program, he or she may not be removed from the program without prior consultation with and concurrence from the FOD. Denial or removal from a religious diet must be documented with the date and reason, and must be approved by the facility administrator. The documentation should also include the date of FOD concurrence." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(11).

³⁸ "Food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage and other sources of contamination. Protection shall be continuous, whether the food is in storage, in preparation, on display or in transit. All food storage units must be equipped with accurate easy-to-read thermometers. New heating and/or refrigeration equipment purchases shall include a zone-type thermometer with temperature graduations. Refrigeration equipment shall be designed and operated to maintain a temperature of 41 F degrees or below." See ICE PBNDS 2011, Standard, Food Service, Section (V)(F)(5).

³⁹ "Proper care and control of the dry storeroom involves the following:

...c. vigilant housekeeping to keep the room clean and free from rodents and vermin (a drain for flushing is desirable)."

See ICE PBNDS 2011, Standard, Food Service, Section (V)(K)(7)(c).

⁴⁰ "Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.

- a. Toilet fixtures shall be of sanitary design and readily cleaned.
- b. Toilet rooms and fixtures shall be kept clean and in good repair.
- c. Signs shall be prominently displayed.
- d. Lavatories shall have readily available hot and cold water."

See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(9)(a)(b)(c)(d).

⁴¹ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement." See ICE 2011 PBNDS, Standard, Medical Care, Section (V)(I). **This is a Priority Component.**

⁴² "Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the

ODO reviewed 30 detainee medical files and found three detainees identified as urgent during their initial intake screenings were not seen by a health care provider within two working days (**Deficiency MC-3⁴³**). ODO also found one detainee who arrived at LPCC with a prescribed medication did not receive the medication until he submitted a sick call request for it several days after his admission. ODO determined the lapse was a result of medical staff failing to transcribe the medication to the detainee's Medication Administration Record (MAR) during his intake screening (**Deficiency MC-4⁴⁴**).

ODO reviewed the training records for [REDACTED] members of LPCC's nursing staff (both RNs and Licensed Practical Nurses) and found [REDACTED] did not have documentation of initial training for medication management (**Deficiency MC-5⁴⁵**).

ODO reviewed Medical Transfer Summaries (MTS) for four detainees and found that although each detainee's list of current medications was annotated on either the MTS or a current MAR, which accompanied the MTS, LPCC did not annotate the number of doses of the medications sent with the detainee (**Deficiency MC-6⁴⁶**).

ODO found LPCC's HSA collects data for the facility's Quality Assurance Program; however, the HSA does not annotate any trending, analysis or evaluation of defined data (**Deficiency MC-7⁴⁷**).

ODO toured LPCC's three clinics, which include a main medical clinic and two satellite clinics and observed that although each clinic has biohazardous/regulated waste receptacles, nearly every biohazardous waste receptacle contained non-regulated waste items that do not comply with the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030 (**Deficiency MC-8⁴⁸**).

equipment." See ICE 2011 PBNDS, Standard, Medical Care, Section (V)(T)(4). **This is a Priority Component.**

⁴³ "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 2011 PBNDS, Standard, Medical Care, Section (V)(J). **This is a Priority Component**

⁴⁴ "Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications." See ICE 2011 PBNDS, Standard, Medical Care, Section (V)(U)(5). **This is a Priority Component.**

⁴⁵ "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include:

...7. all staff responsible for administering or having access to pharmaceuticals to be trained on medication management before beginning duty."

See ICE 2011 PBNDS, Standard, Medical Care, Section (V)(G)(7).

⁴⁶ "The facility HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. In addition, the medical provider shall ensure that at least 7 day (or, in the case of TB medications, 15 day and in the case of HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee as ordered by the prescribing authority." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(Z). **This is a Priority Component.**

⁴⁷ "The HSA shall implement a system of internal review and quality assurance. The system shall include: ... (b) collection, trending and analysis of data along with planning, interventions and reassessment; (c) evaluation of defined data." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(EE)(2)(b)(c). **This is a Priority Component.**

⁴⁸ "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: (i) management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and standard '1.2 Environmental Health and Safety'." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(C)(1)(i). **This is a Priority Component.**

ODO noted two **Best Practices** in medical care:

1. The LPCC added an infectious disease screening form to each detainee's intake screening to screen detainees for varicella, mumps and influenza; and
2. As identified during ODO's interview with the Director of Nursing and review of detainee medical charts, LPCC conducts a non-fasting blood glucose finger stick reading at the time of intake for all known diabetic detainees to establish a baseline reading.

ODO cites four **Areas of Concern** in the medical care standard:

1. ODO observed a biohazardous sharps container mounted to the wall in the main clinic's laboratory that lacks removable inner lining, which puts staff at risk injuring themselves with a needle when utilizing the container;
2. ODO observed out-of-date laminated algorithm cards on pill carts for the different ACLS scenarios (LPCC's cards are dated 2011 and current American Heart Association ACLS guidelines are dated 2015);
3. Although X-ray warning signs are posted on the doors in all three clinics where X-rays are performed, the signs are only in English and Spanish and do not provide a warning to any pregnant females; and
4. Although LPCC administration notified both employees and detainees of an active varicella and mumps case in the facility, visitors, including contractors, attorneys, volunteers, and detainee family members, were not notified of the risk. LPCC corrected this while ODO was on site by posting signs in the front lobby and in the visiting room.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SS-H & SPI)

ODO interviewed LPCC's Senior Psychologist and HSA and both stated LPCC does not have a multidisciplinary suicide prevention committee, as required by the standard (**Deficiency SS-H & SPI-1**⁴⁹).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed LPCC policy and procedures and found that the facility has informal grievance procedures in place in which detainees can at any time file an Informal Resolution Form 14-5A, which is available to detainees in their housing units. LPCC communicates this grievance process to detainees via the facility handbook. Facility staff do not document informal grievance resolutions (**Deficiency GS-1**⁵⁰).

⁴⁹ "Each detention facility shall have a written suicide prevention and intervention program, including a multidisciplinary suicide prevention committee...The multidisciplinary suicide prevention committee shall, at a minimum, comprise representatives from custody, mental health, and medical staff. The committee shall meet on at least a quarterly basis to provide input regarding all aspects of the facility's suicide prevention and intervention program, including suicide prevention policies and staff training." *See* ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).

⁵⁰ "If an informal grievance is resolved, the employee need not provide the detainee written confirmation of the outcome, but shall document the result for the record in the detainee's detention file and in any logs or data systems

Through staff interviews, ODO learned that facility staff are available to all detainees to assist with language needs when filing a grievance. Detainees can bypass or terminate the informal grievance system and proceed directly to the formal grievance process at any time. ODO learned that instead of conducting the initial adjudication of a formal or informal grievance his/herself, the Grievance Coordinator assigns officers to address all informal/formal detainee grievances (**Deficiency GS-2⁵¹**).

ODO found that although LPCC utilizes a Grievance Appeal Board (GAB), which is made up of available staff assigned at the time of the appeal, grievances are not responded to within five days (**Deficiency GS-3⁵²**).

LAW LIBRARIES AND LEGAL MATERIALS (LL&LM)

ODO observed that although LPCC posts the hours of operation for the law libraries on the bulletin boards inside each housing unit, in the hallways outside of the housing units, and both inside and outside of each law library, law library hours are not contained in the local supplement to the detainee handbook (**Deficiency LL&LM-1⁵³**).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 19 standards⁵⁴ under the ICE PBNDS 2011. ODO found the facility fully compliant with five standards and identified 49 deficiencies in the remaining 13 standards. Four of the deficiencies resulted from the lack of FOD approval for facility written policy and procedures.

ODO interviewed several detainees who voiced concern over the inability to understand the orientation and the handbook due to language barriers. The COM confirmed LPCC does not have a process to provide orientation to detainees who do not speak either English or Spanish and does not use telephonic interpretation services to explain the handbook to detainees who do not speak either English or Spanish. According to the facility roster, at the time of the inspection, LPCC had approximately 100 detainees whose primary language is Punjabi. ODO recommends LPCC make translation/interpretation services available to those detainees, as well as any other significant segments of the population with limited English proficiency, to ensure communication of orientation and handbook content.

ODO noted two best practices in the medical care standard. First, LPCC added an infectious disease screening form to each detainee's intake screening to screen detainees for varicella, mumps and influenza. Second, as identified during ODO's interview with the Director of Nursing and review of detainee medical charts, LPCC conducts a non-fasting blood glucose finger stick reading at the time of intake for all known diabetic detainees to establish a baseline reading.

the facility has established to track such actions." *See* ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(1).

⁵¹ "Designated GO [grievance officer] shall conduct the initial adjudication of a formal or informal grievance." *See* ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(a).

⁵² "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." *See* ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

⁵³ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information:

2. the scheduled hours of access to the law library."

See ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N)(2).

⁵⁴ The Medical Care (Women) standard was not applicable since LPCC does not have female detainees.

ODO also cited four areas of concern in medical care, including an inadequate lining in a biohazardous sharps container, lack of proper warning signage for areas where X-rays are performed, outdated ACLS reference guides, and lack of notification to visitors of an active varicella and mumps case. ODO cited one area of concern in the SMU: the failure to have proper personal protective equipment readily available for officers assigned to the SMU.

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

Compliance Inspection Results Compared	FY 2019 (PNDS 2011)
Standards Reviewed	19
Deficient Standards	13
Overall Number of Deficiencies	49
Deficient Priority Components	13
Corrective Action	1