



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Atlanta Field Office

Alamance County Detention Facility
Graham, North Carolina

February 4-6, 2020

COMPLIANCE INSPECTION
of the
ALAMANCE COUNTY DETENTION FACILITY
Graham, North Carolina

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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 Alamance County Detention Facility (ACDF) in Graham, North Carolina, from February 4 to 6, 2020.¹ The facility opened in 2007 and is owned and operated by the Alamance County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ACDF in 2019 under the oversight of ERO's Field Office Director (FOD) in Atlanta (ERO Atlanta). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers to the facility. The Alamance County Sheriff is responsible for daily facility operations and is supported by [REDACTED] personnel. Alamance County provides food services, Southern Health Partners provides medical care, and Kimbles Commissary provides commissary services at the facility. The facility does not hold any accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 2/4/2020)	[REDACTED]
Female Detainee Population (as of 2/4/2020)	[REDACTED]

During its last inspection, in FY 2012, ODO found 18 deficiencies in the following areas: Access to Legal (1); Admission and Release (2); Detainee Classification System (1); Detainee Grievance Procedures (2); Detainee Handbook (1); Environmental Health and Safety (5); Food Service (1); Staff-Detainee Communication (3); and Use of Force (2).

¹ This facility holds male 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 January 27, 2020.

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.” 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 NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	0
Detainee Grievance System	0
Food Service	0
Funds and Personal Property	1
Recreation	0
Religious Practices	1
Staff-Detainee Communication	0
Telephone Access	3
Visitation	4
Sub-Total	9
Part 2 – Security and Control	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	6
Sub-Total	9
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBNS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	2
Total Deficiencies	21

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

DETAINEE RELATIONS

ODO interviewed 16 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.

Recreation: All of the detainees interviewed stated they were told during intake they would be housed at the facility for a short length of time and would not get outdoor recreation.

- Action Taken: ODO spoke to ICE/ERO Atlanta and facility staff and confirmed the facility does not provide outdoor recreation to detainees. Additionally, during intake, detainees were told they would be offered indoor recreation only. ICE/ERO Atlanta stated they closely monitor all length of stays of detainees and none had exceeded the mandatory six-month review. ODO determined the facility offers all detainees indoor recreation in their housing units consisting of sedentary activities, such as board games, playing cards, reading material, and viewing television. Lastly, detainees are allowed to walk and exercise in their housing units during waking hours from 8:00 am to 10:00 pm.

Food Service: Two detainees complained the facility food portions are too small and did not incorporate enough salt. One of the detainees stated he thought he was served a pork sausage contrary to his dietary practices of abstaining from foods containing pork.

- Action Taken: ODO interviewed the ACDF kitchen staff, inspected food serving portions, reviewed the facility menu, observed the plating of food for both breakfast and lunch meals, and found the meals were prepared and proportioned per the facility menu. The facility's master cycle menu had been approved by a registered dietician, meets the recommended daily allowances, and includes salt falling within the nutritional requirements. Additionally, ODO confirmed the facility is a non-pork facility. Before ODO departed, the facility staff informed the detainee, complaining about his food containing pork, that foods served by the facility did not include pork.

Funds and Personal Property: One detainee stated he did not know how family members could add funds to his commissary account.

- Action taken: ODO asked a facility officer to explain the commissary funds process to the detainee, post-detainee interview on February 4, 2020. ODO observed and heard the officer explaining the three options available for detainees to utilize for adding funds to accounts: 1) facility ATM in the waiting area, 2) money order, or 3) via the facility's website. ODO noted the detainee understood the directions and was satisfied with the explanation.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

DETAINEE CLASSIFICATION SYSTEM (DCS)

All detainees are provided a green and white striped uniform upon admission to the facility. However, there was no clear indicator of a detainee's classification level unless a review of the detention file or computer data were accomplished. ODO noted as an **Area of Concern**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ACDF had procedures for handling lost, damaged, or missing property, consistent with the standard; however, the detainee handbook did not notify the detainees of: the items they may retain in their possession; the rules for storing or mailing property not allowed in their possession; the procedure for claiming property upon release, transfer or removal; and the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-1⁶**).

The ACDF policy met the requirements of the standard by having written procedures for inventory and receipt of detainee funds and valuables; however, the facility did not have a detailed process for documenting foreign currency that would provide consistency and protect the facility from potential allegations of a monetary loss. ODO noted as an **Area of Concern**.

Although ACDF had a written procedure for inventory and audit of detainee funds, valuables, and personal property, ODO reviewed documentation and found one of four quarterly audits was not completed the year preceding the inspection. ODO noted as an **Area of Concern**.

RELIGIOUS PRACTICES (RP)

The facility Religious Program Coordinator forwards all detainee religious dietary requests to the food service department for approval. However, the staff member did not consult with the ACDF medical department to ensure the diet was nutritious and did not pose a threat to the detainee's health (**Deficiency RP-1⁷**).

TELEPHONE ACCES (TA)

Telephones are available during waking hours from 8:00 am to 10:00 pm every day; however, the

⁶ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

1. Which items they may retain in their possession;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer, or removal;
5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1&3-5).

⁷ "Before approving a special diet, the Chaplain will consult with the medical department to ensure the diet is nutritious and does not pose a threat to the detainee's health." *See* ICE NDS 2000, Standard, Religious Practices, Section (III)(M).

facility limits telephone calls to 15 minutes per call (**Deficiency TA-1⁸**).

Corrective Action: Prior to the completion of the inspection, on February 5, 2020, the facility initiated corrective action by updating the facility handbook and telephone privileges policy to reflect telephone limitations of 20 minutes per call. Additionally, postings reflecting this change were updated on all telephones used by the detainees (**C-1**).

ODO found the telephone outside of the facility's temporary holding cells was not in working order and had not been routinely checked for functionality (**Deficiency TA-2⁹**). Additionally, telephone access rules were not posted where detainees could easily view them (**Deficiency TA-3¹⁰**).

VISITATION (V)

ODO determined on-site visitation sessions are available in 15-minute intervals and not a minimum of 30 minutes (**Deficiency V-1¹¹**).

Corrective Action: The facility initiated corrective action during the inspection on February 5, 2020, by updating their facility policy and handbook to reflect the 30-minute minimum (**C-2**).

The facility policy consisted of visitation hours, dress code, identification of visitors, and procedures and standards; however, the policy did not have information about telephone inquiries; legal assistants working under the supervision of an attorney; pre-representational meetings; G-28, Notice of Entry of Appearance as Attorney or Accredited Representative or Form G-28 requirements; identification and search of legal representatives; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up (**Deficiency V-2¹²**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action on February 5, 2020, by updating their policy to reflect all missing areas (**C-3**).

⁸ "The facility shall not restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes." See ICE NDS 2000, Standard, Telephone Access, Section, (III)(F).

⁹ "The facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones regularly (daily in SPCs/CDFs), promptly report out-of-order telephones to the repair service, and ensure that required repairs are completed quickly." See ICE NDS 2000, Standard, Telephone Access, Section, (III)(D). See Change Notice – Detainee Telephone Services – April 4, 2007.

¹⁰ "The facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them." See ICE NDS 2000, Standard, Telephone Access, Section, (III)(B).

¹¹ "The facility's written rules shall specify time limits for visits: 30 minutes minimum, under normal conditions. INS encourage more generous limits when possible, especially for family members traveling significant distances to visit." See ICE NDS 2000, Standard, Visitation, Section (III)(H)(1).

¹² "The facility's written legal visitation policy shall be available upon request. The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to, telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements; identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

ODO found blank Form G-28s were not available in the facility's visitor's reception area for legal representative to complete and submit once an attorney-client relationship had been established (**Deficiency V-3¹³**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action on February 6, 2020, by adding the blank forms in the visitor's reception area and posting a sign noting their availability upon request (**C-4**).

ODO determined the facility had not established and disseminated policy and procedures governing whether animals may accompany visitors onto or into the facility property (**Deficiency V-4¹⁴**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action on February 6, 2020, by updating their policy to include procedures governing under what circumstances animals may accompany visitors onto or into the facility property (**C-5**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO verified weekly and monthly fire and safety inspections are conducted of the entire facility by a qualified individual; however, a review of the fire drills conducted during the year preceding the inspection found staff were not drawing emergency keys during the fire drills (**Deficiency EH&S-1¹⁵**).

ODO observed emergency exit diagrams in the housing units and the kitchen and found the emergency key locations and "You Are Here" markers were not consistently present and not all markers were posted in Spanish (**Deficiency EH&S-2¹⁶**).

Review of documentation and staff interviews confirmed prior to January 14, 2020, ACDF was not conducting biweekly testing, nor running the generator for one hour during tests as required

¹³"Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area. Staff shall collect completed forms and forward them to INS...." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(8).

¹⁴"Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." See ICE NDS 2000, Standard, Visitation, Section, (III)(O)(4).

¹⁵ "Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁶ "In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;
- c. Emergency equipment locations.

New signs and sign replacements will also identify and explain 'Areas of Safe Refuge.' See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5). **This is a Repeat Deficiency.**

by the standard (**Deficiency EH&S-3¹⁷**).

SPECIAL MANAGEMENT UNIT (SMU AS AND SMU DS)

ODO noted an **Area of Concern** by ACDF supervisory correctional staff, who reported detainees requiring separation from the general population were temporarily held in one of three temporary holding cells adjacent to the medical unit, pending transfer by ICE/ERO Atlanta staff. ODO confirmed this procedure with on-site ICE/ERO Atlanta staff, who reported an agreement between ACDF and the Assistant FOD (AFOD), in which detainees requiring placement in administrative segregation (AS) or disciplinary segregation (DS) will be removed from the facility within 24 hours. ACDF and the local ICE/ERO Atlanta staff reported this process began in April 2019. ODO reviewed documentation and found five detainees requiring removal from the facility since the process began. While ACDF and the local ICE/ERO Atlanta staff were familiar with the process of removing detainees from the facility requiring placement in AS or DS status, the agreement had not been ratified. The absence of a written agreement may lead to the inappropriate segregation of a detainee, primarily with changes in staffing.

USE OF FORCE (UOF)

The ACDF policy does not have procedures governing the application of restraints or calculated UOF. Additionally, the procedure did not specify the UOF team technique is the preferred method for the planned and coordinated removal of a non-compliant detainee from a cell or other isolated area. ODO noted as an **Area of Concern**.

The ACDF staff were not trained in the UOF technique (**Deficiency UOF-1¹⁸**). Furthermore, there was no documentation the ACDF staff received training on communicable diseases (**Deficiency UOF-2¹⁹**). ODO interviewed the captain of the facility and found ACDF did not maintain protective gear for use during a calculated UOF incident (**Deficiency UOF-3²⁰**).

The facility supervisory staff could record live video from the security cameras positioned throughout the facility; however, ACDF did not have handheld video cameras to bring to the scene of a UOF incident (**Deficiency UOF-4²¹**).

¹⁷ “Power generators will be tested at least every two weeks. The biweekly test of the emergency electrical generator will last one hour.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹⁸ “b. Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility. To use human resources most effectively, the OIC will provide use-of-force team technique training for all staff members.

c. The use-of-force team technique training will include the technique and its application, confrontation-avoidance, professionalism, and debriefing. It will also cover the use of protective clothing and handling of spilled blood and body fluids.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b)(c).

¹⁹ “Receive training on communicable diseases during orientation and scheduled annual training.” See ICE NDS 2000, Standard, Use of Force, Section (III)(D)(2)(b).

²⁰ “The team technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protectors.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a).

²¹ “Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage. Calculated use of force shall be videotaped in accordance with

ACDF completed a separate UOF form for each immediate UOF incident in the year preceding the inspection to notify ICE/ERO Atlanta of the two UOF incidents; however, the form had not been approved by the local ICE/ERO Atlanta (**Deficiency UOF-5²²**).

Corrective Action: Prior to the completion of the inspection, the AFOD issued a memorandum on February 6, 2020, approving the UOF form at ACDF (**C-6**).

ODO reviewed documentation and found no written procedures regarding the review of UOF incidents, the after-action-review process to include notification to the local ICE/ERO Atlanta, nor ICE/ERO Atlanta approval of all after-action-review procedures (**Deficiency UOF-6²³**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed ACDF's medical records and found the initial dental screening was completed by the registered nurse (RN) within 14 days and not by a physician or nurse practitioner (**Deficiency MC-1²⁴**). Additionally, ODO reviewed the training records and confirmed the RN had not received training from a local dentist.

Controlled medication counts, although conducted as scheduled, were not accurate for one of the controlled medications. During the inventory of controlled substances, the number of capsules in a vial were different than the number on the controlled drug count log. ODO found the number transcribed from the log stated there were 12 capsules stored in the medication vial, but during the count, there were only six capsules in the medication vial. The initial mistake of transferring the inaccurate quantity to the new form was transcribed over 17 times by five different ACDF medical staff. The error was corrected by the Medical Services Coordinator during the inspection. ODO noted as an **Area of Concern**.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO noted an **Area of Concern** since ACDF did not have a certified suicide watch cell in the facility. There were three isolated cells adjacent to the medical department, which were managed by ACDF custody staff. The cells were used for detainees, who are placed on suicide watch temporarily until they were transferred. If a detainee had suicidal ideations, the ACDF medical and custody staff would coordinate with ICE/ERO Atlanta, and an immediate transfer to the Alamance Regional Medical Center would occur. However, if an immediate transfer was not possible, the ACDF staff would temporarily use one of the three isolated cells and follow suicide watch protocol. ODO noted there is a video monitoring system exclusively for those three cells.

section III.A.4., above." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(3). **This is a Repeat Deficiency.**

²² "All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

²³ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review Procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

²⁴ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

If a cell is in use, ACDF control center staff monitor the cell remotely, an officer is placed across from the cell, and 15-minute observation checks are performed by the officer on a suicide watch form.

PBNDS 2011 STANDARD INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO found the facility's written policy and procedures for the SAAPI program were not reviewed and approved by ERO Atlanta (**Deficiency SAAPI-1²⁵**).

Corrective Action: Prior to the completion of the inspection, on February 6, 2020, ERO Atlanta reviewed and approved the facility's SAAPI policy (**C-7**).

ODO also found SAAPI protocols were not posted on the facility website or otherwise made available to the public (**Deficiency SAAPI-2²⁶**).

Corrective Action: Prior to the completion of the inspection, on February 6, 2020, the facility posted the SAAPI protocols on the facility's website and placed a copy of the protocol in the facility visitation area (**C-8**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and one standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 21 deficiencies in the remaining eight standards. ODO commends facility staff for their responsiveness during this inspection and notes there were eight instances where staff initiated immediate corrective action during the inspection. ODO noted many deficiencies resulted from a lack of proper notification to detainees in the facility's handbook; inadequate documentation; insufficient requirements in the facility's policy and procedure for different standards; a lack of proper audio recording; absence of proper postings in housing units; and an absence of policy review and approval from ICE/ERO Atlanta in the UOF and SAAPI programs.

ODO identified seven **Areas of Concern** at ACDF. Of particular concern is the lack of a formalized agreement between the facility and the local ICE/ERO Atlanta staff for transferring detainees, who require placement in AS or DS. As noted earlier this had the potential of leading to inappropriate segregation of detainees. Also, a formal agreement would alleviate some of the concerns ODO had with the facility not having a certified suicide watch cell. Effectively, an agreement would ensure transfers take place expediently to other facilities or to the Alamance Regional Medical Center. Regarding medical care, the facility should keep accurate medication counts of all controlled medications and should always accurately reflect log counts of the medications.

²⁵ "The facility's written policy and procedures require the review and approval of the Field Office Director." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(A).

²⁶ "Each facility shall also post its protocols on its website, if it has one, or otherwise make the protocol available to the public." *See* ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(A).

ODO recommends the ERO Atlanta work with the facility to resolve the deficiencies and areas of concern as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2012 (NDS 2000)	FY 2020 (NDS 2000 and PBNS 2011 (Revised 2016))
Standards Reviewed	17	18
Deficient Standards	9	8
Overall Number of Deficiencies	18	21
Repeat Deficiencies	N/A	2
Corrective Actions	0	8