



**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 Salt Lake City Field Office**

**Nevada Southern Detention Center  
Pahrump, Nevada**

**October 18-21, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**NEVADA SOUTHERN DETENTION CENTER**  
Pahrump, Nevada

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2008 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
Admission and Release .....	8
Classification System.....	8
<b>CARE .....</b>	<b>9</b>
Medical Care .....	9
<b>CONCLUSION .....</b>	<b>9</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections

## 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 Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from October 18 to 21, 2021.<sup>1</sup> The facility opened in 2010 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NSDC in 2016 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO Salt Lake City does not have staff assigned to the facility. An NSDC warden handles daily facility operations and manages █████ support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2018 and the National Commission on Correctional Health Care in December 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	████
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of October 18, 2021)	████
Female Detainee Population (as of October 18, 2021)	████

During its last inspection, in Fiscal Year (FY) 2021, ODO found eight deficiencies in the following areas: Admission and Release (1); Special Management Units (4); Staff-Detainee Communication (2); and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of September 27, 2021.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.<sup>4</sup>

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

---

<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Classification System	2
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Special Management Units	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	5
Personal Hygiene	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 – Activities</b>	
Correspondence and Other Mail	0
Escorted Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 – Administration and Management</b>	
Detention Files	0
News Media Interviews and Tours	0

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

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all inspections.

Transfer of Detainees	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Reviewed</b>	
PBNDS 2011 (Errata 2013) Sexual Abuse and Assault Prevention and Intervention	0
PBNDS 2011 (Errata 2013) Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

## DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Salt Lake City and NSDC were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

*Medical Care:* One detainee stated he submitted multiple medical requests for shoulder pain, but the facility informed him that it had wait-listed him.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the health services administrator (HSA), and confirmed the detainee submitted medical requests for shoulder pain on July 28, 2021; September 5, 2021; and September 7, 2021. A nurse responded to the detainee's medical requests on July 29, 2021, and September 12, 2021. The nurse noted his Ibuprofen prescription and instructed the detainee to pick up his medication at the pill line. ODO reviewed the detainee's medication administration record and found the dentist's prescription of 200 milligrams (mg) of Ibuprofen for tooth pain from July 22 to August 31, 2021. Additionally, the dentist prescribed the detainee 500 mg of acetaminophen for tooth pain from September 1 to October 8, 2021. On October 19, 2021, at ODO's request, the HSA instructed the detainee to return to the clinic, where a nurse evaluated his shoulder condition and scheduled him for an appointment with a medical doctor (MD). ODO reviewed the medical requests submitted by the detainee and found medical staff did not triage the medical requests to appropriate medical personnel within 48 hours of receiving the requests. ODO cited this as a deficiency under the *Medical Care* section of this report.

*Medical Care:* One detainee stated the medical staff has yet to evaluate him after submitting a medical request in August 2021 for a fractured and infected finger.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the HSA, and confirmed the detainee submitted a medical request on August 5, 2021. A nurse received the detainee's medical request on August 5, 2021, but did not schedule him for an evaluation. On October 19, 2021, at ODO's request, the MD evaluated the detainee's finger and found no infection nor any loss of movement or function. The

MD informed the detainee of the condition of his finger, and the detainee returned to his housing unit. ODO reviewed the medical request submitted by the detainee and found NSDC did not triage the detainee's medical request to appropriate medical personnel within 48 of receiving the request. ODO cited this as a deficiency under the *Medical Care* section of this report.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed ■ detainee detention files and found ■ files did not contain an Order to Detain or Release (Form I-203 or I-203a) accompanying the arriving detainees (**Deficiency AR-51<sup>7</sup>**). **This is a repeat deficiency.**

#### CLASSIFICATION SYSTEM (CS)

ODO interviewed the classification coordinator, reviewed two occurrences of a detainee released from disciplinary segregation, and found in both cases, staff did not complete a special reassessment 24 hours before the detainees left disciplinary segregation. Specifically, one detainee was in disciplinary segregation on two separate occasions. On the first occasion, staff released the detainee the day before NSDC received the special reassessment from ERO, and on the second occasion, staff released the detainee without a completed reassessment (**Deficiency CS-16<sup>8</sup>**).

ODO reviewed ■ detainee detention files, interviewed the classification coordinator, and found staff did not administratively segregate ■ detainee from the general population pending classification. Specifically, the staff quarantined the detainee due to COVID-19 upon his arrival on July 1, 2021, and did not classify him until July 16, 2021 (**Deficiency CS-18<sup>9</sup>**).

During the inspection, ODO interviewed the classification coordinator and the supervisory detention and deportation officer and found NSDC does not review detainees' classification levels for accuracy and completeness because of the verbal agreement between NSDC and ERO that all classifications, including initial and subsequent reviews, will be completed by ERO. Currently, ERO provides the facility with a cover sheet and the Record of Deportable Alien (Form I-213), which includes a detainee's classification level; however, ERO does not provide any additional information. Furthermore, NSDC's policies and procedures do not reflect the facility's verbal agreement with ERO. As a result, ODO noted this as an **Area of Concern**.

---

<sup>7</sup> "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, Admission and Release, Section (V)(E).

<sup>8</sup> "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." See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

<sup>9</sup> "Pending receipt and processing of information needed for classification, the facility shall administratively segregate the detainee from the general population." See ICE PBNDS 2008, Standard, Classification System, Section (V)(C).

## CARE

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] files, medical staff did not screen detainees for tuberculosis (TB) within 12 hours of arrival. Specifically, medical staff completed TB screenings between 1 to 17 days after the detainees' arrival (**Deficiency MC-20<sup>10</sup>**).

ODO reviewed [REDACTED] detainee medical files, interviewed the HSA, and found medical staff did not screen all [REDACTED] detainees for TB every 12 months (**Deficiency MC-21<sup>11</sup>**).

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] files, a healthcare provider did not complete physical examinations within 14 days of the detainees' arrival. Specifically, a healthcare provider completed physical examinations between 20 and 30 days after their arrival (**Deficiency MC-92<sup>12</sup>**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] files, medical staff did not complete initial dental exams within 14 days of the detainees' arrival. Specifically, medical staff completed initial dental exams between 20 and 30 days after their arrival (**Deficiency MC-117<sup>13</sup>**).

ODO reviewed [REDACTED] detainee sick call requests and found in [REDACTED] requests, medical staff did not triage sick call requests within 48 hours of receiving the request. Specifically, medical staff triaged detainee sick call requests between 5 and 60 days after the detainee submitted the request (**Deficiency MC-122<sup>14</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2008, 2 standards under PBNDS 2011 (Errata 2013), and found the facility in compliance with 20 of those standards. ODO found nine deficiencies in the remaining three standards. There were

---

<sup>10</sup> "All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)]; for CDC guidelines on prevention and control of TB in correctional and detention settings, see [http://www.cdc.gov/tb/pubs/mmwr/Maj\\_guide/Correctional.htm/](http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/)." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(2).

<sup>11</sup> "Detainees will receive TB testing every 12 months." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(2).

<sup>12</sup> "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 unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).

<sup>13</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(M).

<sup>14</sup> "Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: ...

- All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(N).

two repeat deficiencies, one in Admission and Release and one in Medical Care. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of NSDC on June 29, 2021.

<b>Compliance Inspection Results Compared</b>	<b>Second FY 2021 (PBNS 2008/ PBNS 2011 [Errata 2013])</b>	<b>First FY 2022 (PBNS 2008/ PBNS 2011 [Errata 2013])</b>
Standards Reviewed	14/1	21/2
Deficient Standards	4	3
Overall Number of Deficiencies	8	9
Repeat Deficiencies	3	2
Areas of Concern	0	1
Corrective Actions	0	0
Facility Rating	N/A	Superior