



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

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO New Orleans Field Office**

**LaSalle ICE Processing Center (Jena)  
Jena, Louisiana**

**January 11-13, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**LASALLE ICE PROCESSING CENTER (JENA)**  
Jena, Louisiana

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## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
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 LaSalle ICE Processing Center (Jena) (LIPC) in Jena, Louisiana, from January 11 to 13, 2022.<sup>1</sup> The facility opened in September 2007 and is owned and operated by The GEO Group Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LIPC in 2007 under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A facility administrator handles daily facility operations and manages [REDACTED] support personnel. GEO provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2018. In November 2017, LIPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of January 11, 2022)	[REDACTED]
Adult Female Population (as of January 11, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found one deficiency in the following area: Funds and Personal Property (1).

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

<sup>2</sup> Data Source: ERO Facility List as of January 10, 2022.

<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 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.<sup>4</sup>

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. 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) 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	0
Custody Classification System	1
Funds and Personal Property	0
Post Orders	2
Searches of Detainees	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>10</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	2
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	2
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>2</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>	
Detainee Transfers	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 standards.

Detention Files	0
Interview and Tours	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>14</b>

## DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or physical abuse; however, one detainee indicated he an LIPC staff member was verbally abusive towards him, which facility leadership responded to and resolved quickly. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Food Service:* One detainee stated a concern over her soy diet and noted that LIPC did not provide sufficient protein according to the national menu.

- Action Taken: ODO interviewed the LIPC food service manager, reviewed the special needs orders, the soy-free diet menu, and a nutritional analysis, and found LIPC medical staff did arrange the detainee’s special needs order due to her soy allergy and lactose intolerance. The medical staff scheduled the detainee to receive a soy-free diet menu, certified to provide an average intake of 2864 calories and determined to be nutritionally adequate by a licensed dietitian. Additionally, LIPC’s soy-free diet menu met the requirements of the standard. Proteins on the menu consisted of eggs, chicken, turkey, turkey ham, sausage, bologna, tuna, salami, rice and beans, and Polish sausage. On January 12, 2022, ODO observed the lunch meal tray preparation line and found the facility staff prepared the lunch sample trays for all meal types. ODO observed the facility staff using appropriate serving utensils and food service supervisors managing tray preparation lines and ensuring the serving of approved portions.

*Law Libraries and Legal Materials:* Four detainees stated they did not know how to access the law library or request photocopies.

- Action Taken: ODO interviewed the LIPC law librarian and found detainees have access to the law library from 8:00 a.m. to 5:00 p.m., Monday to Friday. The LIPC detainee handbook also informs detainees on how to access the law library. On January 12, 2022, the facility staff instructed detainees how to access the law library and request photocopies.

*Medical Care:* One detainee stated he has asthma and has yet to receive an inhaler for nighttime use. The detainee also stated he had informed LIPC’s medical staff of his insomnia and requested sleeping pills, which LIPC’s medical staff had not provided.

- Action Taken: ODO confirmed from the health services administrator’s (HSA) medical record review the detainee arrived at LIPC on August 10, 2021, and denied any medical problems when evaluated by the medical staff. On November 5, 2021, LIPC medical staff evaluated the detainee for complaints of asthma, conducted pulmonary function tests, and found the detainee did not have asthma nor a need for

any medication. The medical staff reviewed the findings with the detainee and advised him to submit a sick call request if symptoms persisted. The detainee did not request any additional evaluations since his last visit, but the medical staff evaluated the detainee based on his complaint of January 13, 2022. The detainee denied any trouble breathing and admitted to occasional episodes of insomnia and shortness of breath at night when he felt anxious. After the physical examination, the medical staff instructed the detainee on several relaxation techniques to relieve anxiety and stress. The medical staff advised the detainee to increase his fluid intake, to maintain a healthy diet, and to submit a sick call request for behavioral health to further address his insomnia and anxiety if needed.

*Medical Care:* One detainee stated his right knee remains swollen after he injured it during recreation, and except for an ice pack, has received no further care from LIPC medical staff.

- Action Taken: ODO confirmed from the HSA's medical record review the detainee arrived at LIPC on February 7, 2019, and the medical staff treated the injury to his right knee with an ice pack and pain medication on October 18, 2021. On October 20, 2021, the medical staff evaluated the detainee for a work clearance, noted no issues of any further knee pain from the detainee, and approved him for work. On January 13, 2022, the detainee complained of right knee pain during the interview with ODO. The medical staff reexamined him and prescribed ibuprofen and an analgesic balm. The medical staff also advised him to apply warm compresses and ice to relieve symptoms, to avoid strenuous activity, to do stretching exercises to reduce stiffness, and to submit a sick call request if pain continued.

*Medical Care:* One detainee stated his dissatisfaction with the medical staff's treatment for his chronic chest pain. He claimed panic attacks as the cause of his chest pain, and he requested a reevaluation despite not experiencing any recent chest pain.

- Action Taken: ODO confirmed from the HSA's medical record review the detainee arrived at LIPC on September 23, 2021, and medical staff prescribed medication for the detainee's headache complaint on October 7, 2021. On January 12, 2022, the medical staff performed a physical exam of the detainee who denied any chest pain. The medical staff did not recommend a mental health evaluation because the physical exam did not confirm panic attack symptoms. On the same day, the medical staff treated the detainee for a headache, prescribed medication, and advised him to submit a sick call request as needed.

*Medical Care:* One detainee stated her concern for a scheduled doctor's examination of a lump on her left breast and possible biopsy but had not seen a doctor since her arrival.

- Action Taken: ODO confirmed from the HSA's medical record review the detainee arrived at LIPC on November 18, 2021, and medical staff examined the detainee's lump on her breast on December 2, 2021. The medical staff scheduled the detainee for a biopsy by a local surgeon for January 19, 2022. The medical staff ensured she was aware they scheduled her biopsy appointment and will follow-up with



her once they receive the results.

*Medical Care:* One detainee stated he had to wait too long for a medication refill. Specifically, he expected a refill on January 5, 2022, and followed up by submitting a sick call request on January 6, 2022. He stated he has received no response to date on his request.

- Action Taken: ODO confirmed from the HSA's medical record review the detainee arrived at LIPC on November 8, 2021, and the medical staff prescribed a one-week prescription of medication for a skin rash. On January 7, 2022, the medical staff reexamined the detainee, noted improvement of his skin, and denied his request for a refill. The medical staff scheduled a follow-up appointment for January 26, 2022, and informed the detainee of his scheduled appointment.

*Staff-Detainee Communication:* One detainee stated he had not received the Dominican Republic consulate's telephone number after requesting it.

- Action Taken: ODO spoke with ERO New Orleans and found ERO New Orleans followed a set schedule of housing unit visits and posted it in the housing units. During the interviews, several detainees stated ERO New Orleans staff did visit the housing units and spoke with detainees two-to-three times a week. On January 13, 2022, ERO New Orleans spoke with the detainee and gave him the telephone number to the Dominican Republic consulate.

*Staff-Detainee Communication:* Eleven detainees requested to speak with ERO New Orleans concerning their cases.

- Action Taken: ODO spoke with ERO New Orleans and found ERO New Orleans follows a set schedule of housing visits from Monday to Friday, 8:00 a.m. to 4 p.m. During the interviews, several detainees stated ERO New Orleans did visit the units and spoke with detainees two-to-three times a week. On January 13, 2022, ERO New Orleans met with the detainees and provided updates on their cases.

*Staff-Detainee Communication:* One detainee stated an LIPC staff member verbally assaulted him during the week of December 27, 2021. The detainee also stated the LIPC captain spoke with the staff member and resolved the issue.

- Action Taken: ODO spoke with the LIPC facility administrator and confirmed an LIPC captain resolved the issue. The detainee expressed his displeasure due to not receiving an extra tray during mealtime. The staff counseled the detainee on proper communication with the staff and did not document the counseling. On January 12, 2022, the facility administrator reviewed all grievances and found none concerning the incident.

*Telephone Access:* One detainee stated his telephone calls did not connect with his family in Honduras despite his brother's confirmation of the correct phone number and functional telephone at the family's home.

- Action Taken: ODO reviewed ERO New Orleans’ telephone check log and interviewed the LIPC classification supervisor. After speaking with ODO, the supervisor called Talton, the telephone provider for LIPC, and requested a service check of the telephone system. ERO New Orleans instructed the detainee on how to make an international telephone call, and once the detainee completed his call, the facility cancelled the requested service check.

*Telephone Access*: One detainee stated her request to speak to ERO New Orleans regarding contacting the Chinese consulate and obtaining the updated pro bono telephone number.

- Action Taken: ODO spoke with ERO New Orleans and confirmed the closure of the Chinese consulate office in Houston and the rerouting of calls to the consulate’s office in New York City. ERO New Orleans posted a January 2022 update of the pro bono telephone number list in the housing units. On January 12, 2022, ERO New Orleans staff advised the detainee of the changes, and the detainee successfully contacted the Chinese consulate’s office.

*Voluntary Work Program*: One detainee stated he stopped working in the kitchen during the week of January 10, 2022, because his work schedule did not allow him time to eat his own breakfast.

- Action Taken: ODO discussed the issue with the LIPC volunteer work program manager and the food service clerk. The food service clerk assured ODO the kitchen volunteers have breakfast before or after breakfast preparation for all other detainees. If detainees do not report to work in the kitchen, they may have breakfast in the housing unit. Despite assurances that the facility provides all detainees the opportunity to eat breakfast, the detainee no longer desired to participate in the voluntary work program.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention files, interviewed the LIPC classification manager, and found facility staff did not complete a special reclassification in [REDACTED] detainee detention files. Specifically, facility staff released a detainee from the Special Management Unit (SMU) on January 3, 2022, and reclassified him on January 11, 2022, from a medium-high custody classification level to a high custody classification level (**Deficiency CCS-53**<sup>7</sup>).

<sup>7</sup> “Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light.” See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

## POST ORDERS (PO)

ODO reviewed the LIPC transportation and mobile patrol PO and found authorization to issue staff a firearm when assigned to each post, but the mobile patrol PO did not include proper care and firearms safety (**Deficiency PO-22**<sup>8</sup>).

ODO reviewed the LIPC transportation and mobile patrol PO and found the PO did not specify the circumstances allowing the use of firearms (**Deficiency PO-23**<sup>9</sup>).

## SEARCHES OF DETAINEES (SD)

ODO reviewed the LIPC's SD policy and found no written policy or procedures for leaving a searched housing or work area and a detainee's property in its original order after completing a search (**Deficiency SD-6**<sup>10</sup>).

*Corrective Action:* On January 13, 2022, LIPC updated its SD policy to include: "The housing unit/cell should be left in the same condition in which it was found. Personal property belonging to detainees shall be respected and not destroyed or misplaced. A sign of a good officer is the ability to make a complete search and yet leave the room as close as possible to its original condition." The warden signed the updated policy and emailed the staff to review the updated policy changes (**C-1**).

ODO reviewed the LIPC's SD policy, interviewed the LIPC chief of security, and found detainees did not provide a urine sample within 2 hours of placement under close observation (**Deficiency SD-84**<sup>11</sup>).

*Corrective Action:* On January 13, 2022, LIPC updated its SD policy to include: "For the detainee's safety, he/she shall be required to provide a urine sample within two hours of placement under close observation." The warden signed the updated policy and emailed the staff to review the updated policy changes (**C-2**).

ODO reviewed LIPC's SD policy, interviewed the LIPC chief of security, and found LIPC did not require a second urine sample prior to releasing a detainee from close observation (**Deficiency SD-**

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<sup>8</sup> "In addition to the above requirements for all post orders, post orders for armed and perimeter-access post assignments shall describe and explain:

1. the proper care and safe handling of firearms; and
2. circumstances and conditions under which use of firearms is authorized."

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F)(1).

<sup>9</sup> "In addition to the above requirements for all post orders, post orders for armed and perimeter-access post assignments shall describe and explain:

1. the proper care and safe handling of firearms; and
2. circumstances and conditions under which use of firearms are authorized."

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F)(2).

<sup>10</sup> "All facilities shall have written policy and procedures consistent with this standard for the following: ...

6. leaving a searched housing or work area and detainee's property in its original order, to the extent practicable."

See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(A)(6).

<sup>11</sup> "For the detainee's safety, he/she shall be required to provide a urine sample within two hours of placement under close observation." See ICE PBNDS 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(E)(4)(a).

85<sup>12</sup>).

*Corrective Action:* On January 13, 2022, LIPC updated its policy to include: “A second urine sample shall be required prior to releasing a detainee from close observation.” The warden signed the updated policy and emailed the staff to review the updated policy changes (C-3).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO interviewed the LIPC SMU lieutenant and found staff routinely placed detainees in hand restraints while in the SMU and during movement around LIPC, but placement in an SMU did not constitute a valid basis for the use of restraints while there or during movement around LIPC (**Deficiency SMU-108**<sup>13</sup>).

ODO interviewed the LIPC SMU lieutenant and found staff routinely placed detainees in hand restraints while in the SMU and during movement around LIPC, and not as a precaution against escape during transfer and for medical reasons, prevention of self-injury, injury to others, or serious property damage (**Deficiency SMU-109**<sup>14</sup>).

## **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO interviewed the LIPC SMU lieutenant and found staff routinely placed detainees in hand restraints while in the SMU and during movement around LIPC, but placement in an SMU did not constitute a valid basis for the use of restraints or during movement around LIPC (**Deficiency UOFR-8**<sup>15</sup>).

ODO reviewed [REDACTED] UOF files and found LIPC did assemble an after-action review team (AART), but the teams did not consistently have all the required members. Specifically, in [REDACTED] files, the AART did not include the facility administrator; in [REDACTED] files, the AART did not include the assistant facility administrator; and in [REDACTED] files, the AART did not include the HSA (**Deficiency UOFR-154**<sup>16</sup>).

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<sup>12</sup> “A second urine sample shall be required prior to releasing the detainee from close observation.” See ICE PBND 2011 (Revised 2016), Standard, Searches of Detainees, Section (V)(E)(4)(a).

<sup>13</sup> “Placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility.” See ICE PBND 2011 (Revised 2016), Standard, Special Management Units, Section (V)(E).

<sup>14</sup> “Consistent with Standard 2.15, restraints should only be used, if necessary, as a precaution against escape during transfer, for medical reasons (when directed by the medical officer), or to prevent self-injury, injury to others, or serious property damage.” See ICE PBND 2011 (Revised 2016), Standard, Special Management Units, Section (V)(E).

<sup>15</sup> “Absent one or more of the factors listed above, placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility.” See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(B)(6).

<sup>16</sup> “The facility administrator, the assistant facility administrator, the Field Office Director’s designee and the health services administrator (HSA) shall conduct the after-action review.” See ICE PBND 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

## CARE

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] records, the clinical medical authority did not review the comprehensive health assessments for priority treatment (**Deficiency MC-140**<sup>17</sup>).

ODO reviewed [REDACTED] detainee medical records for detainees with prescribed psychotropic medications and found in [REDACTED] records, the facility did not obtain a separate documented informed consent that included a description of the medication's side effects prior to the administration of psychotropic medications (**Deficiency MC-241**<sup>18</sup>).

## ACTIVITIES

### CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the LIPC's detainee handbook and found no mention of identity documents, such as passports, birth certificates, etc., in a detainee's possession as contraband and may be used by ICE/ERO as evidence against the detainee for other purposes authorized by law (**Deficiency COM-22**<sup>19</sup>).

*Corrective Action:* On January 12, 2022, LIPC issued a memorandum to all staff and detainees concerning the change to the handbook. Facility staff placed the memorandum in all detainee housing units and uploaded it to detainee tablets with the requirement of detainee acknowledgment before use of a tablet (**C-4**).

ODO observed five LIPC housing units and found three out of five housing units did not have the rules notification posted (**Deficiency COM-27**<sup>20</sup>).

*Corrective Action:* On January 13, 2022, LIPC posted COM notifications in the housing units that did not have them. On the same day, ODO returned to each housing unit to verify posting of the notifications (**C-5**).

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<sup>17</sup> "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

<sup>18</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

<sup>19</sup> "At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (however, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents)."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).

<sup>20</sup> "The rules notification shall be posted in each housing area (V)(C)." See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found 14 deficiencies in the remaining 7 standards. ODO commends LIPC staff for its responsiveness during this inspection. ODO recommends ERO New Orleans work with LIPC 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 LIPC on November 18, 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (PBNDS 2011) (Revised 2016)</b>	<b>FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	18	24
Deficient Standards	1	7
Overall Number of Deficiencies	1	14
Repeat Deficiencies	0	0
Areas Of Concern	1	0
Corrective Actions	0	5
Facility Rating	N/A	Superior