



U.S. Department of Homeland Security
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ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Salt Lake City Field Office**

**Nye County Detention Center, Southern
(Pahrump)
Pahrump, Nevada**

June 7-9, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
NYE COUNTY DETENTION CENTER, SOUTHERN (PAHRUMP)
Pahrump, Nevada

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	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 follow-up inspection of the Nye County Detention Center, Southern (Pahrump) (NCDC) in Pahrump, Nevada, from June 7 to 9, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of NCDC from November 1 to 5, 2021. The facility opened in 2019 and is owned by Nye County and operated by the Nye County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NCDC in 2019 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). The facility operates under the National Detention Standards (NDS) 2019.

ERO has no staff assigned to the facility. An NCDC captain handles daily facility operations and manages [REDACTED] support personnel. Summit Foods provides food and commissary services, and Serenity Health provides medical care at NCDC. NCDC does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 7, 2022)	[REDACTED]
Adult Female Population (as of June 7, 2022)	[REDACTED]

During its last inspection, in November 2021, ODO found 28 deficiencies in the following areas: Search of Detainees (1); Sexual Abuse and Assault Prevention and Intervention (15); Special Management Units (7); and Correspondence and Other Mail (5).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of June 6, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Unit	5
Staff-Detainee Communication	3
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	9
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Medical Care	1
Personal Hygiene ⁶	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Sub-Total	1
Other Standards Reviewed	
Searches of Detainees	0
Sub-Total	0
Total Deficiencies	14

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ 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.

⁶ ODO identified the deficiency under the Personal Hygiene standard during the inspection but did not review the Personal Hygiene standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Food Service: One detainee stated his Kosher diet lacked protein. He also stated most meals consist of tortillas with peanut butter and hot meals rarely contain protein.

- Action Taken: ODO reviewed NCDC dietary requirements and menus for religious and medical diets and found the detainee's diet, though repetitive, met nutritional and caloric requirements. Tortillas were being used as a bread source, which is acceptable for the kosher diet. The tortillas were labeled Kosher Pareve as specified in policy. Peanut butter is an acceptable protein source and was labeled as kosher. The detainee's complaint regarding a lack of protein was addressed by the nutritional analysis done by the registered dietician. The menus were nutritionally analyzed and certified as meeting all nutritional requirements, to include protein. In addition, hot entrees are not required to contain protein, menus are only required to meet protein requirements daily. ODO found the facility served the food items as indicated on the menu.

Staff-Detainee Communication: One detainee stated his request for a Spanish-translation of the Bible to practice his faith.

- Action Taken: ODO informed the facility staff of this detainee's request, and the facility provided a Spanish Bible to the detainee.

Staff-Detainee Communication: One detainee stated he received English handbooks, but reads only in Tagalog.

- Action Taken: ODO visited each housing unit, inspected the electronic tablets, and found they contained the ICE National Detainee Handbooks and NCDC specific handbooks with translated versions available to detainees. The detainee stated, in English, that he was unable to read the English language – only Tagalog, and due to the individuals in his housing unit being Spanish speakers, he was unable to communicate with the other detainees and get assistance from them with understanding the material in the handbook. Once NCDC staff learned of this language barrier, they took action to assist the detainee with interpretation services, explained how to use the facility's tablet, and ensured staff were available to assist him with any questions or concerns he may have in operating the tablet or making any necessary requests.

Staff-Detainee Communication: One detainee stated there was not a rabbi to conduct Jewish services.

- Action Taken: ODO addressed this issue with facility staff and found the staff tried to coordinate a Jewish service but could not find a rabbi willing to travel to Nye County. ODO confirmed facility staff spoke with the detainee and provided him with an update as to why the facility does not have a rabbi available to perform Jewish services in which the detainee acknowledged he understood.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed NCDC Policy 0032, booking procedures, and the facility's orientation video, interviewed the detention sergeant, and found the facility orientation did not provide information on how to use the telephone system (**Deficiency AR-24**⁷).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed seven SMU records and found in six out of seven records, housing unit officers did not document 29 of 247 meals offered or served to the detainees when they were housed in the SMU (**Deficiency SMU-65**⁸). **This is a repeat deficiency.**

ODO reviewed seven SMU files, interviewed the medical records office supervisor, and found in three out of seven files; medical staff did not sign each detainee record during visits at the SMU. Specifically, the SMU housing files lacked 17 out of 79 medical staff signatures to document each visit (**Deficiency SMU-67**⁹). **This is a repeat deficiency.**

ODO reviewed seven SMU files, interviewed the sergeant and medical records supervisor, and found in six out of seven files; the SMU officer did not initial the record after completion of a medical visit. Specifically, 78 out of 79 medical visits did not contain the SMU officer's initials (**Deficiency SMU-68**¹⁰). **This is a repeat deficiency.**

ODO reviewed seven SMU files, interviewed the sergeant, and found in three out of seven files, medical staff did not evaluate the detainees prior to their placement in the SMU or as soon as possible, but no later than within 24 hours of placement (**Deficiency SMU-87**¹¹). **This is a repeat deficiency.**

⁷ "The facility orientation shall also include the following information: ...

2. How to use the telephone system to make telephone calls."

See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(2).

⁸ "The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

⁹ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

¹⁰ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

¹¹ "Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement)." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

ODO reviewed seven SMU files and found in three out of seven files, a medical staff member did not document required face-to-face daily medical assessments on the SMU medical visit form. Specifically, the files lacked 17 out of 79 medical staff signatures (**Deficiency SMU-89¹²**). **This is a repeat deficiency.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO toured each housing unit and found the facility administrator did not ensure distribution and display of all ICE/ERO posters in each housing unit. ODO found no Online Detainee Locator System posting in housing units HC100A, HH100A, and HL100A (**Deficiency SDC-21¹³**).

ODO toured each housing unit and found housing units HB100A and HH100A did not contain posted contact information for ERO Salt Lake City nor the available office hours for detainees to contact ERO Salt Lake City staff (**Deficiency SDC-22¹⁴**).

The facility did not provide documentation to verify the facility and/or ERO Salt Lake City updated the contact information at least quarterly or more frequently as necessary to reflect changes in ERO Salt Lake City personnel. Additionally, ODO found the ERO Salt Lake City contact information posted in the housing units was not dated, and ODO could not verify the last time the information was updated (**Deficiency SDC-23¹⁵**).

CARE

HUNGER STRIKES (HS)

ODO reviewed 25 correctional officer training records and found in 25 out of 25 files, no documented hunger strike training. ODO confirmed completion of the last training sessions occurred in December 2020 (**Deficiency HS-1¹⁶**).

MEDICAL CARE (MC)

ODO reviewed NCDC Exposure to Infectious Diseases Policy 0026, interviewed the health services administrator, and found the facility's infection control plan did not comply with current plans implemented by federal, state, or local authorities, addressing specific public health issues. Specifically, NCDC did not implement ERO's required COVID 10-day isolation period for all new intakes to include communicable disease reporting requirements in accordance with the ERO

¹² "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

¹³ "The facility administrator shall ensure that all ICE/ERO posters or other information are provided in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(3).

¹⁴ "The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

¹⁵ "Contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

¹⁶ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

pandemic response requirements (PRR) (**Deficiency MC-25¹⁷**).

PERSONAL HYGIENE (PH)

ODO toured each housing unit and found the facility does not allow detainees to perform bodily functions and change clothing without being viewed by staff of the opposite gender. Specifically, toilets in each housing unit afford no privacy for detainees, and detainees remain in full view of facility staff and other detainees while performing regular body functions (**Deficiency PH-19¹⁸**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed █ correctional officer training records and found in █ out of █ files, no documented annual suicide prevention and intervention training. ODO confirmed completion of the last training sessions occurred in December 2020 (**Deficiency SSHPI-2¹⁹**).

JUSTICE

GRIEVANCE SYSTEM (GS)

The grievance section of the facility handbook did not include the following items:

- Notice of the availability of assistance in preparing a grievance;
- The right to have the grievance referred to higher levels if the resolution of the grievance fails to satisfy the detainee; nor
- Notice that staff may not harass, discipline, punish, or otherwise retaliate against any detainee for filing a grievance (**Deficiency GS-34²⁰**).

¹⁷ “The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

¹⁸ “Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement.” *See* ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

¹⁹ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

²⁰ “The grievance section of the facility handbook will provide notice of the following: ...

2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance.
3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved.
4. Notice that staff may not harass, discipline, punish, or otherwise retaliate against any detainee for filing a grievance.”

See ICE NDS 2019, Standard, Grievance System, Section (II)(H)(2-4).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 14 deficiencies in the remaining 8 standards, 5 of which were repeat deficiencies in SMU. ODO recommends ERO Salt Lake City work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of NCDC in November 2021.

Compliance Inspection Results Compared	First FY 2022 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	4	8
Overall Number of Deficiencies	28	14
Repeat Deficiencies	0	5
Areas Of Concern	0	0
Corrective Actions	3	0
Facility Rating	Good	N/A