



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

**Office of Detention Oversight
Compliance Inspection**

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

**River Correctional Center
Ferriday, Louisiana**

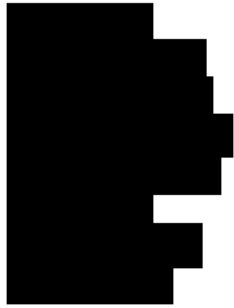
November 1-3, 2022

COMPLIANCE INSPECTION
of the
RIVER CORRECTIONAL CENTER
Ferriday, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Assistant Team Lead	ODO
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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 River Correctional Center (RCC) in Ferriday, Louisiana, from November 1 to 3, 2022.¹ The facility opened in 2001 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at RCC in 2019 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 warden handles daily facility operations and manages [REDACTED] support personnel. LaSalle Corrections provides food services and medical care, and Correct Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In December 2021, RCC 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of November 1, 2022)	[REDACTED]
Adult Female Population (as of November 1, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 13 deficiencies in the following areas: Correspondence and Other Mail (8); Personal Hygiene (1); Staff-Detainee Communication (3); and Voluntary Work Program (1).

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

² Data Source: ERO Facility List as of November 1, 2022.

³ *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.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. 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	4
Sub-Total	4
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	1
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	1
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	2
Terminal Illness, Advance Directives and Death	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	

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

⁶ 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.

Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	9

DETAINEE RELATIONS

ODO interviewed 43 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.

Law Libraries and Legal Materials: One detainee stated facility staff has yet to respond to his request to use the law library.

- Action Taken: ODO interviewed the RCC program officer (PO), reviewed the facility detainee request logs, and confirmed the facility approved the detainee's request on October 7, 2022, for use of the law library. The detainee requested unlimited internet access while in the library, but the facility PO denied the request and advised the detainee the facility will only provide unlimited access to the law library and the Lexis/Nexis system. On October 19, 2022, the detainee submitted an additional electronic request for escort to the law library and access to the internet, but facility staff denied the request and reviewed the law library rules and policies with the detainee. The detainee stated he did not want to use the law library without free internet access. On November 2, 2022, the detainee submitted an additional electronic request to access the law library, and the facility PO responded by escorting him to the law library.

Medical Care: One detainee stated he has yet to receive a follow-up appointment for ongoing chest pain.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the RCC health services administrator (HSA), and found the following information. On October 24, 2022, the detainee submitted a sick call request concerning chest pain, and on that same day, facility medical staff examined him, prescribed Vistaril as treatment, and submitted a referral for an evaluation by an outside cardiologist. On October 26, 2022, an outside cardiologist examined the detainee, issued him a 24-hour Holter monitor to verify possible heart palpitations, and scheduled him for a follow-up appointment. During the follow appointment on November 1, 2022, facility medical staff reviewed the monitor data with the detainee and informed him of no evidence of heart palpitations. On November 18, 2022, facility staff transferred the detainee to Alexandria Staging Facility for deportation and relinquished responsibility for his health care.

Medical Care: One detainee stated his Tylenol prescription as treatment for his abdominal pain is not working.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the RCC HSA, and found the following information. The medical staff evaluated the detainee on multiple occasions for pain in his abdominal area and found no abnormalities after performing an ultrasound, a computerized tomography scan, and a urinalysis test. Facility medical staff prescribed the detainee both Tylenol and ibuprofen for general pain and Prilosec and Pepcid for stomach pain and referred him for further evaluation. On November 2, 2022, RCC medical staff examined the detainee, referred him to an outside gastroenterologist, and prescribed a bland diet.

Medical Care: One detainee requested a tooth extraction due to ongoing tooth pain.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the RCC HSA, and found the following information. On October 19, 2022, the detainee submitted a medical request concerning tooth pain, and medical staff examined him the next day, prescribed Tylenol (325 mg) and Orajel for the pain, and submitted a dentist referral. On October 25, 2022, the dentist evaluated the detainee, and extracted a decayed tooth, and prescribed Tylenol (325 mg) for pain. On November 1, 2022, ODO referred the detainee to the facility medical staff for tooth pain, and medical staff examined the detainee, prescribed Tylenol (325 mg), and submitted a dentist referral. On November 8, 2022, the dentist examined the detainee, extracted a second decayed tooth, and prescribed Tylenol (325mg) for pain.

Medical Care: One detainee stated the facility-prescribed medical treatment is not working.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the RCC HSA, and found the following information. The detainee's medical records contained multiple sick call requests from August 2022, all concerning pain on his right side. The HSA referred the detainee for a CT scan of the abdominal area and urinalysis testing, all yielding negative results. However, medical staff the prescribed Tylenol and ibuprofen as treatment for pain and referred the detainee for further evaluation. On August 29, 2022, facility medical staff examined the detainee for a follow-up appointment and conducted a repeat urinalysis, yielding negative results. At the request of ODO, the HSA submitted a follow-up appointment for the detainee. On November 3, 2022, during the detainee's follow-up appointment, medical staff conducted additional test, yielding negative results, and prescribed Tylenol for the pain. On November 12, 2022, during the ODO follow-up interview, the detainee stated his right side no longer hurts.

COMPLIANCE INSPECTION FINDINGS

SAFETY

TRANSPORTATION (BY LAND) (TBL)

ODO reviewed RCC TBL policies and post orders, interviewed the facility transportation lieutenant, and found the following deficiencies:

- No posted written guidelines for tracing procedures to locate an overdue vehicle (**Deficiency TBL-122**⁷);
- No written procedures for vehicle crews to prepare a fully documented written report of escapes and attempted escapes (**Deficiency TBL-198**⁸);
- No written procedures for ERO New Orleans to prepare procurement paperwork nor arrange for hospitalization of detainees requiring immediate medical treatment while in transit (**Deficiency TBL-210**⁹); and
- No written procedures for transportation staff to discuss the issue of responsibility for an accident only with the chain of command (**Deficiency TBL-228**¹⁰).

SECURITY

TOOL CONTROL (TC)

ODO reviewed the RCC TC program, interviewed facility staff, toured the housing units, and found RCC did not have a policy or inventory system to ensure housing officers inventoried tools and similar items carried into the housing units and then, before departure from the housing unit, verify their removal in a second inventory. ODO cited this as an **Area of Concern**.

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the RCC UOFR program, interviewed a facility lieutenant, examined video footage and one calculated use-of-force (CUOF) file, and found an RCC lieutenant and captain participated

⁷ “Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(1).

⁸ “The facility administrator shall establish written procedures for transportation staff to follow during an en-route emergency. The written procedures shall cover the following scenario: The vehicle crew shall prepare a fully documented written report of the escape and/or attempted escape.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(S)(2).

⁹ “The facility administrator shall establish written procedures for transportation staff to follow during an en-route emergency. The written procedures shall cover the following scenario: The closest ICE/ERO office shall prepare procurement paperwork and make arrangements for hospitalization, security, etc.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(S)(4).

¹⁰ “The facility administrator shall establish written procedures for transportation staff to follow during an en-route emergency. The written procedures shall cover the following scenario: The assigned transportation staff shall discuss the issue of responsibility for the accident only with their chain of command.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(S)(8).

as team members in the CUOF (**Deficiency UOFR-82**¹¹).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the RCC FPP program, interviewed facility staff, and found RCC did not have nor follow a policy for loss of or damage to properly receipted detainee property. Specifically, RCC does not have a policy to ensure facility staff do not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim (**Deficiency FPP-158**¹²).

CARE

MEDICAL CARE (MC)

ODO reviewed the RCC MC program and [REDACTED] detainee comprehensive health assessments, interviewed facility medical staff, and found in [REDACTED] out of [REDACTED] health assessments, a clinical medical authority did not review the comprehensive health assessment to assess the priority for treatment (**Deficiency MC-140**¹³).

ODO reviewed the RCC MC program and [REDACTED] detainee medical records, interviewed facility medical staff, and found in [REDACTED] out of [REDACTED] medical records, no separate documented informed consent forms for administering psychotropic medication (**Deficiency MC-241**¹⁴).

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

ODO reviewed the RCC SSHSPi program and nine detainee suicide watch logs, interviewed facility staff, and found in one out of nine suicide watch logs, a qualified mental health professional placed the detainee in a special isolation room designated for evaluation and treatment but with no documented continuous monitoring every 15 minutes or more frequently. Specifically, ODO found 2 log form entries on the suicide watch log where documented monitoring of the detainee occurred at 19 and 39 minutes. (**Deficiency SSHSPi-34**¹⁵). **This is a priority component.**

¹¹ “The shift supervisor or another supervisor on duty: ...

2) Shall not participate except to prevent impending staff injury.”

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(d)(2).

¹² “All facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: ...

f. The facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim.”

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(L)(3)(f).

¹³ “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).

¹⁴ “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).

¹⁵ “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 23 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found nine deficiencies in the remaining five standards. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniformed corrective active plan for ODO's last inspection of RCC in May 2022.

Compliance Inspection Results Compared	FY 2022 (PBNDS 2011) (Revised 2016)	FY 2023 (PBNDS 2011) (Revised 2016)
Standards Reviewed	18	23
Deficient Standards	4	5
Overall Number of Deficiencies	13	9
Priority Component Deficiencies	0	1
Repeat Deficiencies	1	0
Areas Of Concern	2	1
Corrective Actions	0	0
Facility Rating	Good	Superior