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ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2023-001-121**

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

**Nevada Southern Detention Center
Pahrump, Nevada**

March 28-30, 2023

COMPLIANCE INSPECTION
of the
NEVADA SOUTHERN DETENTION CENTER
Pahrump, Nevada

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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 Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from March 28 to 30, 2023.¹ 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 deportation officers are not assigned full-time to the facility but conduct weekly scheduled visits on Tuesdays and Thursdays, from 8 a.m. to 12 p.m. A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 28, 2023)	[REDACTED]
Adult Female Population (as of March 28, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2021, ODO found eight deficiencies in the following areas: Admission and Release (1); Classification System (2); and Medical Care (5).

¹ This facility holds male and female 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 March 27, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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 2008 MAJOR CATEGORIES

PBNS 2008 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Special Management Units	1
Tool Control	0
Use of Force and Restraints	0
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	1
Sub-Total	1
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
Other Standards Reviewed	
PBND 2011 (Errata 2013) Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	4

DETAINEE RELATIONS

ODO interviewed 38 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.

Medical Care: One detainee stated he submitted a sick call request on February 18, 2023, and the facility returned it to him with no response on February 28, 2023.

- Action Taken: ODO spoke with a facility nurse and confirmed a facility doctor examined the detainee on February 28, 2023. A facility nurse explained medical staff routinely schedules a detainee an appointment with a nurse for general health issues in 3-to-7 days and with a doctor for more specific health issues within 2-to-14 days. Scheduling a detainee for medical care depends on the availability of nurses and doctors. In the case of this detainee, facility medical staff triaged his medical concern, determined an appointment with a facility doctor was necessary, which they scheduled for and occurred on February 28, 2023.

Medical Care: One detainee stated he submitted a sick call request 2 months ago for high blood pressure, and a facility doctor, after examining him, said he would be fine.

- Action Taken: ODO spoke to the facility medical staff and confirmed the detainee submitted a sick call request on January 20, 2023, and a facility nurse practitioner (NP) examined him on January 25, 2023. The NP noted a high blood pressure reading at 176/109, ordered bloodwork, prescribed Clonidine (0.1 mg), and scheduled a follow-up appointment for February 21, 2023. ODO noted this prescription as the sixth medication on the detainee's prescription list. Facility medical staff stated the detainee's failure to take his medications as the reason for his continued high blood pressure and sick call visits. ODO then spoke with the detainee, and he admitted to taking only one of the six medications. ODO advised the detainee to follow through with taking his prescribed medications to treat his blood pressure and other issues.

Medical Care: One detainee stated he waited over a month after submitting his sick call request for continual chest and foot pain and has seen no improvement.

- Action Taken: ODO spoke to the medical clinical supervisor (MCS) and found a facility intake nurse noted his right foot pain and prescribed ibuprofen (600 mg), twice a day for 14 days, on November 7, 2022. On January 21, 2023, the detainee submitted a sick call request regarding pain in his chest and right foot. On February 1, 2023, a facility NP examined the detainee, continued his ibuprofen treatment, and prescribed Omeprazole (20 mg), twice daily, for acid reflux. On March 30, 2023, ODO met with the detainee and reminded him to submit a sick call request to refill his prescribed medications.

Medical Care: One detainee stated he is experiencing pain from a tooth infection because he used up all his prescribed pain medication.

- Action Taken: ODO spoke to the MCS and found a facility dentist examined the detainee on January 24, 2023, prescribed ibuprofen and Augmentin (an antibiotic) for pain relief, and scheduled a tooth extraction. On March 28, 2023, the NP contacted the detainee for a follow-up exam, but the detainee refused to go, and he refused to sign the treatment refusal form. On March 30, 2023, the MCS scheduled the detainee for a follow-up appointment with the NP on the same day.

Medical Care: One detainee stated a medical provider said he does not need a new eyeglass prescription to replace his current prescription.

- Action Taken: ODO spoke to the MCS and confirmed a facility NP noted the detainee's vision at 20/25 with his current prescription during a physical on January 26, 2023. On February 10, 2023, the detainee submitted a sick call request stating his current prescription glasses were ineffective. On February 28, 2023, the NP met with the detainee and found the detainee had been using reading glasses purchased at the commissary because he broke his prescription glasses. On March 15, 2023, the NP submitted a request for an eye exam with an off-site optometrist. On March 30, 2023, ODO informed the detainee his eye exam request is pending ICE approval. The detainee acknowledged he understood.

Medical Care: One detainee stated medical staff has not followed up with him about needed surgery.

- Action Taken: ODO reviewed the detainee's medical file and confirmed the detainee submitted only one sick call request for a special diet on March 26, 2023. On the same day, a facility registered nurse (RN) authorized the detainee's diet change for health reasons. On March 29, 2023, a health provider performed a physical exam of the detainee, noted the detainee's denial of any symptoms of excessive urination, blood in

the urine and any associated pain, and prescribed Naproxen (500 mg) to take as need for any pain. The facility issued the detainee his medication on March 29, 2023. ODO found nothing to indicate the detainee needs or was informed he needed surgery.

Medical Care: One detainee stated he has received no medical care for is eye after submitting a sick call request 2 weeks ago.

- Action Taken: ODO reviewed the detainee’s medical file with the health services administrator (HSA) and found a sick call request, submitted on March 7, 2023. On March 8, 2023, a facility RN met with the detainee, discussed his eye problems, and prescribed erythromycin ointment, twice a day for 7 days. On March 30, 2023, the HSA confirmed no documentation of the facility issuing medication to the detainee. On March 30, 2023, the clinical medical authority examined the detainee, diagnosed pterygium (a buildup of mucous over the cornea), observed no infection, and provided the detainee with artificial tears.

Personal Hygiene: One detainee stated his frustration with the facility’s dull and inaccessible fingernail clippers, insufficiently hot water in the showers, and one shower unserviceable for the past 2 months.

- Action Taken: ODO spoke to the maintenance supervisor and confirmed facility staff regularly sanitize the fingernail clippers and provide them to the detainees upon request. ODO checked the showers and found during the inspection, the warm water met the temperature range standard. ODO inspected the unserviceable shower and found facility staff ordered the repair part and were awaiting its arrival. ODO met with the detainee and updated him on the fingernail cutters and showers. The detainee acknowledged he understood.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the learning-and-development manager, reviewed ■ staff training records, and found in ■ out of ■ records, no training on the facility’s admission process (**Deficiency AR-10⁷**).

⁷ “Staff members shall be provided with adequate training on the admissions process at the facility.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(1).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed SMU observation logs for 5 consecutive days and found facility staff did not personally observe detainees at least every 30 minutes on an irregular schedule. Specifically, facility staff completed 89 observation log entries at intervals of 31 to 48 minutes (**Deficiency SMU-21⁸**).

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no comprehensive evaluation of a detainee by a licensed mental health provider no later than 14 days after a referral for mental health treatment. Specifically, one detainee received a comprehensive evaluation 16 days after a referral and another detainee, 29 days after the referral for mental health treatment (**Deficiency MC-103⁹**).

ACTIVITIES

VISITATION (V)

ODO interviewed the visiting room officer, observed the visitor waiting area, and found no posted visitation schedule in English, Spanish, nor other major languages spoken at the facility (**Deficiency V-10¹⁰**).

Corrective Action: Prior to the completion of the inspection the facility completed a partial corrective action when they posted the information in the glass-encased bulletin board in the visitor waiting area (**C-1**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under PBNDS 2008 and 1 standard under PBNDS 2011 (Errata 2013) and found the facility in compliance with 19 of those standards. ODO found four deficiencies in the remaining four standards. Since NSDC's last full inspection in October 2021, the facility's overall compliance with ICE PBNDS 2008 / PBNDS 2011 (Errata 2013) has shown steady improvement. NSDC went from three deficient standards and eight deficiencies in October 2021 to four deficient standards and four

⁸ "Detainees in SMUs shall be personally observed at least every 30 minutes on an irregular schedule." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(7).

⁹ "Does any detainee referred for mental health treatment receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral?" See ICE PBNDS 2008, Standard, Medical Care, Section (V)(K)(4).

¹⁰ "Post that information in the visitor waiting area in English, Spanish, and other major languages spoken in the facility." See ICE PBNDS 2008, Standard, Visitation, Section (V)(C).

deficiencies during this most recent full inspection. Two standards ODO found deficient during this inspection were Special Management Units and Visitation, which NSDC did not have deficiencies in 2021. ODO did not review the Visitation standard during the October 2021 inspection as it was not an FY 2022 core standard. The deficiencies in the Medical Care and Admission and Release standards were not repeat deficiencies from the October 2021 full inspection. The facility's improved performance, which included no repeat deficiencies, was a result of completing a uniform corrective action plan for ODO's last full inspection of NSDC in October 2021. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNS 2008 / PBNS 2011 [Errata 2013])	FY 2023 Full Inspection (PBNS 2008 / PBNS 2011 [Errata 2013])
Standards Reviewed	21/2	22/1
Deficient Standards	3	4
Overall Number of Deficiencies	8	4
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	2	0
Areas Of Concern	1	0
Corrective Actions	0	1
Facility Rating	Superior	Superior