



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
San Antonio Field Office
LaSalle County Regional
Detention Center
Encinal, Texas**

March 5 – 7, 2013

**COMPLIANCE INSPECTION
LASALLE COUNTY REGIONAL DETENTION CENTER
SAN ANTONIO FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the LaSalle County Regional Detention Center (LCRDC) in Encinal, Texas, from March 5 to 7, 2013. LCRDC, which opened in 2004, is owned by La Salle County and operated by Emerald Correctional Management (ECM). The U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at LCRDC in December 2004 under an Intergovernmental Service Agreement with ECM and the US Marshals Service. Male and female detainees of all security classification levels (Level I - lowest threat; Level II - medium threat; Level III - highest threat) are detained at the facility for periods in excess of 72 hours. LCRDC allocates a total of 200 beds for ICE detainees. At the time of this CI, LCRDC housed 91 ICE detainees (82 male; 9 female). The average daily detainee population at LCRDC is 79. The average length of stay for an ICE detainee at LCRDC is 11 days. ECM provides food service and medical care. LCRDC holds accreditation from the American Correction Association.

The ERO Field Office Director (FOD) in San Antonio, Texas (ERO San Antonio) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). The Assistant Field Office Director (AFOD) assigned to the Laredo Detention Center in Laredo, Texas, maintains oversight of LCRDC. There is no ICE staff stationed at LCRDC. (b)(7)e Deportation Officers (DO) and (b)(7)e Immigration Enforcement Agent assigned to the Laredo Detention Center monitor compliance with the ICE NDS, and interact with LCRDC staff and detainees. ICE personnel conduct multiple scheduled and unscheduled visits each week. There is no Detention Service Manager assigned to LCRDC.

The Warden is the highest-ranking official at LCRDC, and is responsible for oversight of daily operations. In addition to the Warden, LCRDC supervisory staff consists of an Assistant Warden (b)(7)e Lieutenants, and (b)(7)e Sergeant. There are (b)(7)e non-supervisory LCRDC staff members.

In July 2011, ERO Detention Standards Compliance Unit contractor, MGT of America, conducted an annual review of the NDS at LCRDC. LCRDC received a recommended rating of "Acceptable" and was found compliant with 34 of 35 standards reviewed. LCRDC was found non-compliant with the Key and Lock Control NDS.

This is the first ODO inspection of LCRDC. During this CI, ODO reviewed 18 NDS and found LCRDC compliant with 14 standards. ODO found seven deficiencies in the following four standards: Environmental Health and Safety (1 deficiency), Food Service (2), Funds and Personal Property (1), and Medical Care (3).

This report details all deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with LCRDC and ICE personnel during the inspection, as well as during the closeout briefing conducted on March 7, 2013.

Overall, ODO found LCRDC to be orderly and well managed. ODO attributes the high level of compliance to the presence of an LCRDC Compliance Manager. The LCRDC Compliance Manager monitors compliance with the ICE NDS; revises the facility handbook annually; maintains records, logs, policies, and procedures; and addresses issues affecting the health and welfare of ICE detainees. The LCRDC Compliance Manager meets with ICE staff on a weekly basis to discuss detention oversight issues.

Sanitation throughout the facility, including the food service area, the medical clinic, and the admission and release area was good overall; however, ODO observed two showers in housing unit N with a buildup of soap scum, and one shower in housing unit P with trash on the floor and mildew. Facility management was briefed on these conditions during the inspection.

During the admissions process, detainees are medically screened, attend a facility orientation, and receive an LCRDC facility handbook and an ICE National Detainee Handbook. Both handbooks are available in English and Spanish. An ICE orientation video and an LCRDC orientation video are shown to detainees during the admissions process. Detainee property is inventoried and logged during the intake process, and documented on a personal property form attached to an individual property bag. Valuables and personal property are appropriately stored in a secure area. Upon release, detainees sign a receipt for valuables and personal property, are fingerprinted, and surrender facility-issued clothing and bedding.

LCRDC has a dedicated law library in a quiet area, containing adequate office furnishings. The law library has five computers equipped with the most recent version of LexisNexis, two typewriters, and a copier. Law library hours are conspicuously posted in the library and in the detainee housing units. The facility handbook also provides guidance on use of the law library. Additional legal materials are available in hardcopy format in the law library. An LCRDC staff member assigned to the law library is available to assist detainees upon request.

ODO confirmed ERO classifies detainees using the ICE Detainee Classification System, and LCRDC adheres to the classification levels assigned by ERO. ODO reviewed 24 detention files and confirmed each file contained verification of supervisory review and approval. The facility handbook addresses classification, reclassification, and appeal procedures.

LCRDC has a detainee grievance system that allows detainees to file informal, formal, and emergency grievances, and to appeal grievance decisions. ODO verified grievance forms, printed in English and Spanish, are available in all housing units. The detainee handbook contains comprehensive information regarding grievance procedures, and all detainees interviewed were aware of the grievance process and the opportunity to file grievances. There is a secure grievance box in every housing area where detainees can deposit grievance forms. There are procedures to assist illiterate, disabled, and non-English speaking detainees who wish to file a grievance. A detainee can also request assistance directly from LCRDC staff. Facility management seeks to resolve informal grievances at the lowest possible level; however, detainees can initiate the formal grievance process at any time by submitting a grievance form. There were no grievances filed between January 2012 and the date of the ODO inspection. ODO attributes the lack of grievances to frequent interaction by ICE staff with detainees on an ongoing basis.

Disciplinary policy at LCRDC addresses all NDS requirements. Prohibited acts, sanctions, the disciplinary process, detainee rights, and appeal procedures are addressed in the facility handbook, and are reviewed with detainees during orientation. Postings in housing units list prohibited acts and sanctions. ODO confirmed there were no detainee disciplinary incidents between January 2012 and this ODO inspection. A review of 20 randomly selected detainee files found no history of disciplinary incidents.

ODO verified LCRDC maintains a master index of hazardous substances and Material Safety Data Sheets (MSDS). MSDS were present in locations where substances are stored and used; however, the master index and MSDS are not reviewed semi-annually or on any scheduled basis. Weekly and monthly fire and safety inspections are properly documented. Evacuation diagrams in English and Spanish are prominently posted throughout the facility. The diagrams include the location of emergency equipment and directional arrows for traffic flow. Fire drills are conducted monthly, and include testing of emergency keys.

All work associated with the preparation and service of meals is performed by contractor ECM. No ICE detainees or inmates work in the food service department. Review of employee records confirmed all staff members are medically cleared to work in food service, and are certified for food safety via the Texas AgriLife Extension Service Food Handler Program. A review of the master cycle menu confirmed it is reviewed annually by the Food Service Director and certified by a registered dietician. The dietician provides nutritional analysis for both the regular and special diet menus. ODO confirmed the menu includes a minimum of two hot meals per day. At the time of the review, five detainees were on medically-ordered diets. LCRDC policy includes provisions for religious diets, and the facility handbook contains instructions for requesting religious diets.

The facility has a satellite system of meal service involving preparation of meals in the food service kitchen and delivery to the detainee housing units. At the time of the inspection, detainees were not required to turn in plastic drinking cups and plastic eating utensils after meals; detainees retained and re-used them on an on-going basis. This practice did not ensure the items were properly sanitized to prevent illness caused by bacteria. In response to this finding, the Quality Control Manager directed that all cups and utensils be returned with food trays upon completion of meals, and amended LCRDC policy and procedure to require issuance of sanitized cups and utensils for every meal. Inspection confirmed food preparation equipment was clean, properly installed, and equipped with emergency gas shut-off valves; however, the meat slicer was not equipped with an anti-restart device. Equipment powered by electricity stops working when electrical power is interrupted. Once power is restored, the equipment restarts automatically, which creates a significant safety hazard. Prior to completion of the review, the Assistant Warden contacted the company from which the machine was purchased to assess and rectify the issue.

Detainee property is inventoried quarterly, and valuables are inventoried weekly; however, procedures were not in place to audit detainee funds. Facility management revised LCRDC policy to require a weekly audit of detainee funds to correct this deficiency going forward. Routine audits ensure an accurate accounting of funds.

Medical services are managed by contractor ECM, with on-site administrative oversight by the Health Services Administrator (HSA). The designated Clinical Medical Authority (CMA) is a physician. The CMA provides on-site medical and psychiatric services one day each week, and is on-call 24 hours a day. (b)(7)e emergency medical technicians and (b)(7)e licensed vocational nurses work 12-hour shifts and provide 24 hour clinical coverage. (b)(7)e part-time registered nurse (RN) is responsible for conducting a physical examination (PE) within the 14-day NDS requirement. A (b)(7)e RN is available on an as-needed basis to assist when volume is high. A family nurse practitioner provides female health care and referral examinations one day each week. A dentist is on-site two days each month to provide routine dental services. The Clinical Director provides routine mental health evaluations and treatment, with supplementary mental health services provided under contract by a community agency. There have been no detainee deaths at LCRDC.

Initial health screenings are completed by nurses in a designated area of the intake processing department. A review of 30 medical records confirmed completion of chest x-rays to screen for tuberculosis within 24 hours of admission, and a follow-up purified protein derivative skin test at the time of the PE. Each PE is completed by a trained RN and reviewed by the physician. ODO notes documentation of PE training is present in the credential files for all nurses. ODO found in four of the 30 cases reviewed, an RN completed an examination from one to three weeks beyond the 14 days required by the NDS. In two other cases, the physician failed to review the PE within the required 14 days. The PE process is not complete until finalized by a physician. A review of PE documentation confirmed it is hands-on; however, the dental examination section of the form does not document an actual oral examination. As dental health has proven to be related to many physical illnesses (heart disease; diabetes; HIV), a thorough assessment is necessary for early detection and treatment planning. The Director of Health Services for ECM stated training of nurses in this procedure by the dentist will be scheduled. Prior to completion of the CI, a supplemental dental form was implemented for documentation of specific baseline tooth and oral tissue findings.

Both English and Spanish sick call request forms are available in the housing units and the Special Management Unit (SMU). ODO investigated five detainee complaints regarding access to care and found all five complaints were unsubstantiated. Medical records confirmed adequate care was provided in a timely manner in each circumstance.

A substantial number of LCRDC staff is fluent in Spanish and capable of providing direct translation services. Consent forms for medical, mental health, and dental treatment, as well as authorizations for release of information were found in each of the 30 records reviewed; however, the medical file of a detainee in the mental health clinic did not contain a consent form for psychotropic medication. It is important for a detainee to fully understand and consent to psychotropic treatment prior to receiving medication, because of the potential for adverse side effects.

LCRDC has zero tolerance for sexual abuse and assault. LCRDC has policies and procedures in place to address Sexual Abuse and Assault Prevention and Intervention (SAAPI). Facility policy requires all employees, volunteers, and contractors to receive SAAPI training. All personnel are trained during entrance training to properly address sexual abuse and sexual assault, and each staff member completes annual refresher training thereafter. Conspicuous postings regarding

prevention of sexual abuse and assault are present in each detainee housing unit. There were no incidents of alleged sexual abuse or sexual assault at LCRDC during the 12 months preceding the CI.

The LCRDC SMU consists of two wings with ten single cells on each, as well as four separate cells outside the wings for housing females. The SMU is used for both administrative and disciplinary segregation, with separation afforded by wing and cell assignment. Each cell is equipped with a shower, a stainless steel toilet with a sink, one bunk secured to the floor, and a table with an attached chair, both of which are also secured to the floor. The units are clean, ventilated, well-lit, and maintained at an appropriate temperature. ODO verified written procedures are in place governing the placement of detainees in administrative and disciplinary segregation. Review of the procedures confirmed they address all requirements of the standard. There were no detainees housed in administrative or disciplinary segregation during the review. The Assistant Warden stated no detainees have been placed in administrative or disciplinary segregation during the 12 months preceding the CI. Review of 20 randomly-selected detainee files and corresponding disciplinary records confirmed none of the detainees had been placed in administrative or disciplinary segregation.

The AFOD formally visits LCRDC on a monthly basis to meet with facility management and observe conditions of confinement. ICE staff makes three scheduled visits and multiple unscheduled visits each week. ODO confirmed the visits by the AFOD and ICE staff via review of ICE Facility Liaison Visit Checklists, logbooks located throughout the facility, and interviews with staff. ICE visitation schedules identifying each DO by name are conspicuously posted in each of the housing units. Detainee request forms, printed in English and Spanish, are readily available in all detainee housing units. ODO reviewed the electronic detainee request log from September 2012 through February 2013, and confirmed all detainee requests were logged and responded to within 72 hours of receipt.

LCRDC has two designated suicide watch cells connected to the health services department. The cells were clean, and there were no fixtures which could facilitate a suicide attempt. The cells are monitored in accordance with the NDS. A review of the training curriculum confirmed it addresses all aspects of suicide risk identification, management of suicide gestures and attempts, procedures for mental health referrals, and suicide watch management. A review of (b)(7)e custody and all medical staff training records confirmed completion of suicide prevention training at orientation and annually. Detainees are screened for suicide risk during the intake process. There have been no suicides at LCRDC.

Detainees have reasonable and equitable access to telephones at LCRDC. The number of telephones in the general housing areas and the SMU meets NDS requirements. ICE staff conducts weekly telephone serviceability tests to determine operability of telephones in the housing units. During the CI, ODO tested a sampling of telephones, and all were in working order. Rules of telephone access, and contact information for consulates and the US Department of Homeland Security, Office of Inspector General (OIG) hotline are posted in all areas where telephones are located. A recorded message alerts detainees that telephone calls are subject to monitoring. Detainees complete a form to request an unmonitored call to a legal representative. An unmonitored telephone in a private room is provided for this purpose.

ICE NDS requirements are highlighted in blue in LCRDC written policies and procedures to help support familiarity and adherence to the ICE NDS among staff members. ODO cites this as a best practice.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance-Based National Detention Standards, as applicable. The NDS apply to LCRDC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at LCRDC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases including the Joint Integrity Case Management System, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at LCRDC.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Special Agent (Team Leader)	ODO, Houston
	Special Agent	ODO, Houston
	Special Agent	ODO, Houston
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections
	Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the AFOD, the Warden, and the Assistant Warden. All stated the working relationship between LCRDC and ICE personnel is excellent, morale is high, and working conditions are adequate to accomplish all required duties. The Warden stated there are (b)(7) vacancies at LCRDC, but those vacancies do not affect continuity of operations or the ability to properly care for ICE detainees. The Warden stated he regularly observes ICE staff visiting detainees in the housing units throughout the week, communicating with detainees and addressing detainee concerns.

The AFOD stated resources are sufficient to carry out all assigned duties and responsibilities.

DETAINEE RELATIONS

ODO interviewed 12 randomly-selected ICE detainees (ten male; two female) to assess detention conditions at LCRDC. No complaints were received regarding issuance of hygiene supplies, access to religious services, food service, telephones, visitation, or the law library. Detainees can send and receive mail. Three detainees could not identify a DO by name. ICE visitation schedules listing the names of each assigned DO are posted in every housing unit. All detainees are able to contact ICE staff via ICE request forms, or through interaction with ICE staff during ICE weekly visits.

Five detainees stated recreation time often overlaps with other scheduled facility activities. ODO brought this to the attention of LCRDC management, and the recreation schedule was amended prior to completion of the CI to avoid interference with meals and other programs.

ODO investigated five detainee complaints regarding access to care, and all five complaints were unsubstantiated. Medical records confirmed adequate care was provided in a timely manner in each circumstance.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 18 NDS and found LCRDC fully compliant with the following 14 standards:

- Access to Legal Material
- Admission and Release
- Correspondence and Other Mail
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Handbook
- Detainee Transfers
- Disciplinary Policy
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Staff Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access
- Use of Force

As these 14 standards were compliant at the time of the review, a synopsis for these standards is not prepared for this report.

ODO found deficiencies in the following four standards:

- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Medical Care

Findings for each of these standards are presented in the remainder of this report.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at LCRDC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed documentation of inspections, hazardous chemical management, and fire prevention procedures.

ODO verified LCRDC management maintains a master index of hazardous substances and MSDS. An MSDS is present in each location where the substances are stored and used; however, the master index and MSDS are not reviewed semi-annually, or on any scheduled basis (**Deficiency EH&S-1**). Periodic review bolsters accountability and confirms the accuracy of MSDS for all hazardous substances. During the review, the LCRDC Safety Officer implemented procedures requiring quarterly reviews to correct this deficiency going forward. ODO confirmed on-going inventories of hazardous substances are accurate.

The LCRDC Safety Officer provided documentation of weekly and monthly fire and safety inspections. ODO observed evacuation diagrams prominently posted throughout the facility in English and Spanish, which included locations of emergency equipment and directional arrows for traffic flow. Fire drills are conducted monthly, and include testing of emergency keys.

Detainees, including females, have access to hair care services five days a week. There is a room at LCRDC dedicated to hair care that has a sink with hot and cold running water. Sanitation regulations, printed in both English and Spanish, are conspicuously posted on the wall of the barbershop.

Sanitation of the facility is good overall; however, ODO observed two showers in housing unit N with a buildup of soap scum, and a shower in housing unit P with trash on the floor and mildew. Facility management was briefed on these conditions during the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDING

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section, (III)(C), the FOD must ensure the Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file.

The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at LCRDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed policy and documentation, interviewed staff, observed meal service and delivery, and inspected food storage and preparation areas.

All work associated with the preparation and service of meals is performed by contractor ECM. The food service staff consists of the Food Service Manager (b)(7)e Cook Supervisors, and (b)(7)e Cook Specialists. No ICE detainees or inmates work in the food service department. Review of employee records confirmed all staff members are medically cleared to work in food service, and are certified for food safety via the Texas AgriLife Extension Service Food Handler Program.

A review of the master cycle menu confirmed the menu is reviewed annually by the Food Service Director and certified by a registered dietician. The dietician provides nutritional analysis for both the regular and special diet menus. ODO confirmed the menu includes a minimum of two hot meals per day. At the time of the review, five detainees were on medically-ordered diets. LCRDC policy includes procedures for religious diets, and the facility handbook includes instructions for requesting religious diets.

The facility has a satellite system of meal service involving preparation of meals in the food service kitchen and delivery to the detainee housing units. During preparation of a lunch meal during the review, ODO observed staff wearing hair restraints and gloves, calibrating thermometers, and recording food temperature readings. ODO tested food temperatures delivered to detainees in housing units to confirm requirements were met. Food was taste tested and found palatable. At the time of the review, detainees were not required to turn in plastic drinking cups and plastic eating utensils after meals. Detainees were allowed to keep and re-use the items on an on-going basis. This practice did not ensure the items were properly sanitized to prevent illness caused by bacteria (**Deficiency FS-1**). During the review, the Quality Control Manager directed that all cups and utensils be returned with food trays upon completion of meals, and amended policy and procedure to require issuance of sanitized cups and utensils for every meal.

The food service storage areas consist of one spacious dry storage room, two walk-in freezers, and two walk-in coolers. Items are properly stored, and ODO confirmed temperatures in the freezers and coolers are maintained at the required level.

ODO observed sanitation throughout the food service area is maintained at a high level. Documentation confirmed daily and weekly sanitation inspections are conducted by food service staff. Cleaning schedules are posted in all food service areas, and staff was observed following “clean as you go” procedures. Annual inspection by the South Texas Restaurant Services Food Establishment Field Inspection Division on March 27, 2012, found LCRDC in compliance with State of Texas food service regulations. Pest control inspections and treatment are conducted monthly under contract with ORKIN Pest Control.

Inspection confirmed food preparation equipment is clean, properly installed, and equipped with emergency gas shut-off valves; however, the meat slicer is not equipped with an anti-restart

device (**Deficiency FS-2**). Equipment powered by electricity stops working when electrical power is interrupted. Once power is restored, the equipment restarts automatically, which creates a significant safety hazard. Prior to completion of the review, the Assistant Warden contacted the company from which the machine was purchased to assess and rectify the issue.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(h), the FOD must ensure, to prevent cross-contamination, kitchenware and food-contact surfaces should be washed, rinsed, and sanitized after each use and after any interruption of operations during which contamination would occur.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(12)(c)(4), the FOD must ensure meat saws, slicers, and grinders shall be equipped with anti-restart devices.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at LCRDC to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with ICE NDS. ODO reviewed local policies, interviewed staff, inspected property storage areas, and reviewed detainee files.

A review of the detainee handbook confirmed it includes all required information concerning funds and personal property policies and procedures at LCRDC. Property is inventoried during intake, and a copy of the inventory is signed by the detainee and placed in the individual detention file. Any funds transferred with a detainee are placed into an individual commissary account. The detainee signs a receipt acknowledging placement of the funds; one copy of the receipt is provided to the detainee and a second copy is placed in the detention file. Personal property is stored in a sealed plastic bag bearing the name of the detainee, the alien file number, and a copy of the inventory. Each bag is clearly marked as ICE detainee property, and stored on shelves in the property room designated for ICE detainee property. Valuables are stored in sealed plastic bags in a separate container. A review of ten files of detainees released from LCRDC confirmed each detention file contained a signed statement acknowledging receipt of all funds and property.

Detainee property is inventoried quarterly and valuables are inventoried weekly; however, procedures were not in place for auditing detainee funds (**Deficiency F&PP-1**). A revision of the facility policy to require a weekly audit of detainee funds was approved by facility management during the CI to correct this deficiency going forward. Routine audits ensure an accurate accounting of funds.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(F), the FOD must ensure each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at LCRDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured all areas where medical services are provided, reviewed policies and procedures, and completed a review of 30 randomly-selected detainee medical records that included females and chronic care patients. ODO interviewed the HSA, the Clinical Director, the Training and Safety Managers, and the ECM Director of Health Services. Credentials and staff training files were verified for content and accuracy. There have been no deaths at LCRDC.

LCRDC is American Correction Association accredited. Medical services are managed by contractor ECM, with on-site administrative oversight by the HSA. The HSA is not a clinician and was hired in November 2012. The designated CMA is a physician who specializes in correctional medicine. The CMA provides on-site medical and psychiatric services one day each week, and is on-call 24 hours a day. (b)(7)e emergency management technicians and (b)(7)e icensed vocational nurses work 12-hour shifts and provide 24 hour clinical coverage. (b)(7)e part-time RN is responsible for conducting 14-day PEs, and a (b)(7)e RN is available on an as-needed basis to assist with when volume is high. A family nurse practitioner provides female healthcare and referral examinations one day each week. A dentist is on-site two days a month for routine dental services. The Clinical Director provides routine mental health evaluations and treatment, with supplementary mental health services provided under contract by a community agency. All licenses and credentials are primary source verified. A review of training records for all medical and (b)(7)e custody staff confirmed all receive training in first-aid, cardiopulmonary resuscitation (CPR), and automatic external defibrillator at orientation and on an annual basis. CPR cards were present in all medical credential files reviewed.

Emergency and specialty services are provided under contract with the Laredo Medical Center in Laredo, Texas, which is a 30-minute drive from LCRDC, and emergency transport is arranged through a local ambulance service. According to the HSA, detainees typically have low acuity levels, and outside trips for specialty care are infrequent. The staffing schedule, scope of services, and available outside resources are sufficient to meet the healthcare needs of a low acuity detention population.

The LCRDC clinic consists of a waiting area, two examination rooms, a one-chair dental suite, a medication room, a radiology room, a medical records office, an administrative area, and storage space. The waiting area accommodates a small number of patients, but crowding was not observed by ODO during the inspection. Overall, space and medical equipment are adequate for the current population size. All areas were secured throughout the inspection.

Pharmacy orders and deliveries are processed through Correct RX Pharmacy Services, with next-day delivery on weekdays. ODO noted the use of a single dose packaging system for all prescription drugs, which are properly secured in the medication room. A consultant pharmacist visits the facility on a quarterly basis to conduct site inspections and review medication administration records for accuracy. The HSA stated only qualified health services staff deliver medication to detainees. ODO reviewed five medication administration records and confirmed proper completion and accuracy.

Initial health screening is completed by nurses in a designated area of the intake processing department. Completed initial assessment forms address past and present suicide risk status and clinical signs suggestive of acute substance abuse or withdrawal. The HSA stated drug and alcohol detoxification is managed at the Laredo Medical Center. A review of 30 medical records confirmed completion of chest x-rays to screen for tuberculosis within 24 hours of admission, and follow-up purified protein derivative skin tests at the time of the PE. A PE is completed by a trained RN and reviewed by a physician. ODO notes documentation of PE training was present in all nurse credential files. ODO found in four of the 30 cases reviewed that an RN completed an examination from one to three weeks beyond the 14 days required by the NDS. In two other cases, the physician failed to review the physical examinations within the required 14 days (**Deficiency MC-1**). A review of PE documentation confirmed they are hands-on; however, the dental examination section of the form does not document an actual oral examination (**Deficiency MC-2**). As dental health has proven to be related to many physical illnesses (heart disease; diabetes; HIV), a thorough assessment is necessary for early detection and treatment planning. The Director of Health Services for ECM stated training of nurses in this procedure by the dentist will be scheduled. Prior to completion of the CI, a supplemental dental form was implemented for documentation of specific baseline tooth and oral tissue findings.

Sick call request forms in English and Spanish are available in the housing units and the SMU. Nurses retrieve completed forms from secure drop boxes twice daily. Nurses triage and address detainee complaints within 48 hours using problem-specific, physician-approved treatment protocols for over-the-counter medications, non-pharmaceutical treatment instructions, and patient education. ODO confirmed annual review and approval of these protocols by the CMA. Documentation confirmed referrals to a physician when medical issues were beyond the knowledge or scope of practice of a nurse. ODO investigated five detainee complaints regarding access to care, and all five complaints were unsubstantiated. Medical records confirmed adequate care was provided in a timely manner in each circumstance.

A substantial number of LCRDC staff is fluent in Spanish and capable of providing direct translation services. Consent forms for medical, mental health, and dental treatment, as well as authorizations for release of information were contained in each of the 30 records reviewed; however, the medical file of a detainee in the mental health clinic did not contain a consent form for psychotropic medication (**Deficiency MC-3**). It is important for a detainee to fully understand and consent to psychotropic treatment prior to receiving medication, because of the potential for adverse side effects.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure the health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility.

DEFICIENCY MC-2

In accordance with the ICE NDS Medical Care, section (III)(E), the FOD must ensure an initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site

dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner.

DEFICIENCY MC-3

In accordance with the ICE NDS Medical Care, section (III)(L), the FOD must ensure the facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.