



**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  
New Orleans Field Office  
LaSalle Detention Facility  
Jena, Louisiana**

**March 19 – 21, 2013**

**COMPLIANCE INSPECTION  
LASALLE DETENTION FACILITY  
NEW ORLEANS 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 Detention Facility (LDF) in Jena, Louisiana, from March 19 to 21, 2013. LDF is owned and operated by the Geo Group, Incorporated (GEO). The U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at LDF in October 2007 under an Intergovernmental Service Agreement between LaSalle Parish, Louisiana, and ICE. 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. LDF allocates a total of 1,162 beds for ICE detainees. At the time of this CI, LDF housed 860 detainees (720 male; 140 female). The average daily detainee population at LDF is 947. The average length of stay for a detainee is 12 days. The ICE Health Service Corps (IHSC) provides medical care, and GEO provides food service. LDF holds accreditation from the American Correctional Association.

The ERO Field Office Director (FOD) in New Orleans, Louisiana (ERO New Orleans) is responsible for ensuring facility compliance with ICE policies and the 2008 Performance-Based National Detention Standards (PBNDS). An Assistant Field Office Director (AFOD) stationed at LDF is the highest ranking ERO official at the facility. In addition to the AFOD, ERO staff at LDF is comprised of (b)(7)e Supervisory Detention and Deportation Officers (SDDO), (b)(7)e Chief Immigration Enforcement Agent, (b)(7)e Deportation Officers, and (b)(7)e Immigration Enforcement Agents. A permanently assigned ERO Detention Service Manager monitors facility compliance with the PBNDS.

The Warden is the highest ranking GEO official at LDF and is responsible for oversight of daily operations. In addition to the Warden, LDF supervisory staff consists of a Deputy Warden, a Chief of Security (currently vacant), a safety manager, a maintenance manager, a training administrator, a human resources manager, a transportation manager, an assistant transportation manager, a business manager, a case manager supervisor, a food service manager, a food service production manager, a food service cook supervisor, a captain, (b)(7)e shift lieutenants, (b)(7)e recreation specialists, a disciplinary grievance lieutenant, an intake lieutenant, and (b)(7)e sergeants. The total number of non-supervisory staff at LDF is (b)(7)e

In May 2011, ODO conducted a Quality Assurance Review at LDF. Of the 24 standards reviewed, 15 were in full compliance. ODO cited 17 deficiencies in the remaining nine standards.

In September 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Incorporated, conducted an annual review of the PBNDS at LDF. LDF received an overall recommended rating of "Meets Standards" and was found compliant with all 40 standards reviewed.

During this CI, ODO reviewed 16 PBNDS, and found LDF compliant with 13 standards. ODO found five deficiencies in the following three standards: Grievance System (1 deficiency), Medical Care (3), and Suicide Prevention and Intervention (1).

This report details all identified deficiencies and refers to the relevant sections of the PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve the deficiencies. These deficiencies were discussed with LDF personnel on-site during the inspection and with ERO and LDF management during a closeout briefing conducted on March 21, 2013.

Overall, ODO found LDF to be orderly and well managed. ODO observed a high level of sanitation throughout the facility. ODO attributes the low number of deficiencies observed during this inspection to the consistent monitoring of detention conditions at LDF by ICE personnel and facility staff. LDF management has designated a compliance officer to oversee internal compliance with the PBNDS. An on-site Detention Service Manager conducts weekly inspections and annual reviews of the facility. The LDF compliance officer and ICE staff meet monthly to address detainee needs and PBNDS compliance issues.

Procedures are in place to protect the health, safety, security, and welfare of detainees during the admission and release process. ODO reviewed 30 detention files, interviewed facility staff and detainees, and observed the admission and release process. Detainees are classified and medically screened upon admission to the facility, and classifications are reassessed at appropriate intervals. Detainees are provided with appropriate clothing, adequate hygiene supplies, the ICE National Detainee Handbook, and the facility handbook. Both handbooks are available in English and Spanish. Facility management provides a video orientation to all detainees. Property and funds are properly inventoried and securely stored at admission.

LDF has a comprehensive policy addressing the classification of detainees. Detainees are classified by ICE prior to admission to LDF, and LDF adheres to the classification level assigned by ICE. A review of 25 detention files and 15 alien files confirmed the presence of documentation verifying proper assignment of classification levels. A review of the facility grievance log and interviews with classification staff confirmed that no grievances or appeals have been filed regarding detainee classification levels. ODO verified reclassification hearings are conducted in compliance with facility policy and the PBNDS.

The facility handbook addresses all requirements of the PBNDS. Copies of the facility handbook and the ICE National Detainee Handbook, in Spanish and English, are readily available in the admissions area at LDF. ODO reviewed 25 detention files and confirmed each file contained a signed intake property form acknowledging receipt of both handbooks. ODO observed the intake processing of 39 detainees and witnessed the issuance of detainee handbooks. The most recent update of the facility handbook occurred on September 30, 2012.

The disciplinary policy at LDF addresses all requirements of the PBNDS. The policy contains graduated severity scales of prohibited acts and disciplinary sanctions, and encourages informal resolutions for minor infractions. Prohibited acts and sanctions, the disciplinary process, detainee rights, and appeal procedures are also addressed in the facility handbook. ODO confirmed there were 122 detainee disciplinary hearings during the 12 months preceding this CI. ODO randomly selected and reviewed 21 disciplinary reports and verified they were completed in accordance with facility policy and the PBNDS. There were no disciplinary hearings conducted during this CI.

ODO verified all hazardous materials and substances are stored in locked cabinets accessible only by staff. Chemical control is well managed by LDF. An annual fire inspection was completed, and the Fire Safety Evacuation plan was reviewed and approved by the Louisiana State Fire Marshal on December 18, 2012. All buildings within the LDF complex are in compliance with applicable fire codes. Evacuation plans, in English and Spanish, are prominently posted throughout the facility. The master index of hazardous substances and Material Safety Data Sheets are appropriately maintained. Drinking water at LDF is tested quarterly. The emergency power generators are tested each week for one hour, which exceeds the PBNDS requirement for bi-weekly testing. ODO confirmed all medical sharps and syringes are properly inventoried and documented during each shift by the incoming and the outgoing nurse.

The food service operation is managed by LDF employees. Staff includes a Food Service Supervisor, a production manager, an administrative support staff person, and (b)(7) cook specialists. There are 20 detainees assigned to work in food service. ODO verified all staff and detainees receive pre-employment medical clearances. All areas of the food service operation are clean and organized. Inspection of the tool room confirmed utensils and tools are properly secured and accounted for. Food preparation equipment is clean and properly installed. ODO confirmed the master cycle menu is reviewed annually by the Food Service Supervisor, and certified by a registered dietician based on a complete nutritional analysis. The master menu is a 42-day cycle that includes three hot meals per day. Religious diets are approved by the Chaplain, and medical diets are provided when ordered by the medical unit. ODO confirmed the registered dietician also approves all religious and medical diet menus.

ODO observed all meals are delivered to housing units in closed containers under escort by LDF staff. Detainees receiving special diet trays sign an acknowledgement to confirm receipt of the appropriate meal. ODO interviewed detainees in the housing units and received positive comments regarding the menu.

LDF funds and personal property policy and procedures provide for the accounting, inventory, and safeguarding of detainee property from the time of admission until the time of release. The property storage area is located next to the admission and release area behind locked doors accessible only by LDF supervisory staff. Funds and valuables are properly inventoried and logged by LDF supervisory staff, and held in a safe located in the office of the shift supervisor. All property storage areas are monitored 24 hours a day by control room staff via closed circuit cameras. Abandoned property belonging to detainees is forwarded to ICE for disposition in accordance with the PBNDS. All detainee property bags are clearly tagged with the name and the facility identification number of each detainee. The property storage area is clean and well organized.

Detainees have the opportunity to file informal, formal, and emergency grievances, and detainees can appeal grievance decisions. Grievance forms, in English and Spanish, are available in each detainee housing unit. The LDF grievance system policy is comprehensive and addresses all requirements of the PBNDS. Interviews confirmed detainees are aware of their right to communicate directly with ICE if they are dissatisfied with a grievance decision or the response to an appeal. The facility handbook contains information regarding the grievance process.

The facility maintains a grievance log to document and track formal and informal grievances submitted by detainees. A review of the grievance log found detainees submitted 91 formal grievances from September 2012 to March 2013. The categories of the grievances filed were as follows: disciplinary process (four); legal issues (six); property (six); facility operations (eight); conditions of confinement (11); food service (17); issues or problems with staff (17); and medical care (22). A review of all medical grievances and a random sample of 15 grievances in other categories did not identify trends or patterns. All reviewed grievances were processed as required by the PBNDS, with one exception. One of the 17 grievances regarding staff contained an allegation of officer misconduct. On January 3, 2013, a detainee alleged a staff member harassed him with repeated searches without cause. During an interview with ODO, the LDF Grievance Officer stated grievances alleging staff misconduct are not immediately forwarded to ICE. In these cases, LDF management conducts an investigation to determine whether ICE notification is warranted. Failure to immediately forward grievances that allege staff misconduct prevents ICE management from proactively engaging facility management to resolve the issues.

The LDF law library, which is supervised by an LDF staff member, is open Monday through Friday from 8:00 am until 5:00 pm. It is furnished with seven computer stations, one conference table, two typewriters, and a copier. All computers are equipped with the current version of LexisNexis, which is updated quarterly. Paper, writing utensils, and envelopes are available for detainee use. Detainees assigned to the special management unit are afforded the same law library privileges as detainees in the general population.

The LDF medical clinic is operated by IHSC. IHSC staff is supplemented with personnel from the U.S. Public Health Service (USPHS), and contractors from STG International. The Health Services Administrator (HSA) is a commissioned officer of the USPHS, who was hired by LDF as a registered nurse (RN) in 2008, and has served as the HSA for approximately one year. The Acting Clinical Medical Authority (CMA), who is a regional IHSC physician, provides off-site support. STG International provides a full-time contract physician, who is on-call 24 hours a day and available at the facility Monday through Friday, a psychiatrist, a social worker, a psychologist, a pharmacist, (b)(7)e pharmacy technicians, (b)(7)e administrative support staff, (b)(7)e nurse practitioners (NP), (b)(7)e licensed practical nurses (LPN), and (b)(7)e RNs. There are (b)(7)e nurses and a dentist, who are all clinical USPHS officers. One of the USPHS nurses serves as the Infectious Disease Coordinator and the Assistant HSA, and another nurse serves as the Performance Improvement Coordinator. On-call healthcare services are provided via an NP rotation. Training files and credential files for all medical staff are complete, and licenses are primary source verified.

The LDF clinic consists of four examination rooms, an urgent care room, a dental suite with one chair, a pharmacy, a laboratory, a digital x-ray room, a medical records office, and multiple administrative offices. A six-cell medical short stay unit attached to the clinic is used for isolation, quarantine, and suicide watch. A nursing office and a security station within the clinic afford sight and sound supervision. Two of the short stay unit cells have an anteroom with a window to allow observation of detainees with infectious conditions. All cells have negative pressure capability, are clean, and contain no items to facilitate a suicide attempt.

The initial health screening of detainees is completed and electronically documented by nurses in the intake processing area. Two sick call rooms in adjacent housing units are available to

accommodate high-volume processing demands. A review of 25 records found five initial health screenings were not completed within 12 hours of admission. Of those five, four were completed within 24 hours of admission, and one was completed three days after admission.

A chest x-ray is administered in the LDF digital x-ray room to identify tuberculosis prior to completion of intake processing. Initial assessments include screening for intoxication and substance withdrawal, suicide risk factors, acute medical and dental problems, communicable diseases, and follow-up care needs. ODO confirmed medical, dental, and mental health referrals are promptly and appropriately submitted. Detainees are verbally oriented to the sick call process and are provided patient education pamphlets, printed in English and Spanish, addressing prevention of infectious diseases and access to healthcare. Medical personnel use Interpretalk to communicate with detainees who speak a language other than English or Spanish. There is an ample number of LDF medical staff fluent in Spanish.

Sick call occurs three times daily in the general population housing units. ODO confirmed non-medical personnel are not involved in the collection of medical information. On weekdays, triage is conducted the same day the complaint is received. On weekends and holidays, only urgent complaints are evaluated the same day, while all others are scheduled for the next weekday.

ODO confirmed there were no detainee deaths, suicides, or suicide attempts during the 12 months preceding this CI.

The LDF Classification Administrator is the designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) Coordinator. ODO confirmed there have been three incidents of sexual abuse since March 2012, which were all investigated by the Jena Police Department. ODO reviewed the three investigative files. Two cases involving female detainees who were allegedly touching and kissing were unsubstantiated. Both of these incidents were reported to the Joint Intake Center, and Significant Incident Reports were generated documenting the incidents. The third incident, which was witnessed by facility staff, involved an allegation involving mutual kissing between two female detainees. The allegation was sustained, and both detainees were disciplined for engaging in a sexual act. This incident was not reported to the Joint Intake Center, and a Significant Incident Report was not generated. On April 29, 2013, ODO consulted with ERO as to why the incident was not reported to the Joint Intake Center. ERO New Orleans advised, due to there not being an aggressor or a victim, and pursuant to guidance received from ERO Headquarters Field Operations, the incident did not warrant the reports being generated. The PBNDS also does not require a report to be generated if there is no perpetrator. The incident was documented by the facility and referred to the Jena Police Department. The Jena Police Department further advised there was no criminal act. Medical examinations by facility healthcare staff were completed in all three cases. The SAAPI Coordinator tracked the investigations and ensured ERO received proper notification.

LDF policy and procedure regarding segregation addresses all requirements of the PBNDS. At the time of the inspection, a detainee was serving 30 days in disciplinary segregation. The detainee was placed in disciplinary segregation for the following infractions: conduct that disrupts or interferes with the security and orderly operation of the facility; insolence towards a staff member; and possessing unauthorized clothing. ODO confirmed the sanction was imposed

via an appropriate disciplinary process, and the segregation order was issued by the Disciplinary Hearing Committee in accordance with the PBNDS. There were five detainees (three male; two female) on administrative segregation, three of whom were assigned to this status for protective custody reasons. The fourth detainee was identified by ICE as a high profile case presenting a potential security risk if housed in general population. The fifth was assigned to administrative segregation for continually disruptive behavior in general population and repeated disciplinary incidents. ODO verified each detainee in administrative segregation received an administrative segregation order, and all required status reviews were conducted. The special management unit log entries confirmed visits by facility staff, medical personnel, and ICE officers. Meals, recreation, telephone access, showers, and visitation privileges are provided in accordance with facility policy and the PBNDS.

The LDF staff-detainee communication policies allow detainees to have informal and unrestricted access and interaction with ERO and facility staff. ERO visitation schedules are conspicuously posted in all detainee housing units. The ICE AFOD regularly meets with LDF management and visits the housing units multiple times each month to observe conditions of confinement. ODO reviewed the Facility Liaison Visit Checklists generated from December 2012 to February 2013, and confirmed ERO officers consistently conduct multiple weekly scheduled and unscheduled visits to address detainee concerns and monitor conditions of confinement. Detainees are permitted to submit formal written questions, concerns, or requests to ERO and facility staff via a request form, printed in English and Spanish, available in each housing unit. ODO reviewed 300 randomly-selected requests submitted by detainees between September 1, 2012, and February 28, 2013. ODO verified each request was documented and recorded in an electronic request log, and a response was provided within 72 hours. The majority of requests were inquiries regarding the status of immigration proceedings. There were a small number of requests concerning matters such as replenishment of hygiene supplies, requests for additional law library time, and miscellaneous facility-related matters.

The inspection confirmed the suicide watch cells, which are connected to the medical clinic, are clean and absent of items that could aid a suicide attempt. The LDF training plan addresses suicide risk identification, management of suicide gestures and attempts, and procedures for mental health referrals. Examination of (b)(7) training records for custody staff found suicide prevention and intervention information is provided during staff orientation and annual refresher training. ODO reviewed the medical file of a detainee previously placed on suicide watch and confirmed the suicide watch was terminated by an NP who lacked the authority to do so. LDF policy clearly states only the Clinical Director or a mental health professional is authorized to terminate a suicide watch and return a detainee to general population.

LDF has a comprehensive written policy governing the use of force addressing all requirements of the PBNDS. The facility has (b)(7) member Correctional Emergency Response Team. After-action review teams are comprised of the ICE Chief Immigration Enforcement Agent, the LDF Warden, the LDF Deputy Warden, the LDF Chief of Security, and the HSA. There have been 14 use of force incidents at LDF since March 2012 (eight immediate; six calculated). ODO reviewed documentation and verified the detainees involved in each incident were immediately examined by medical staff, and an after-action review was conducted post-incident in all 14 cases.

# INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards or the ICE PBNDS, as applicable. The PBNDS apply to LDF. 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 LDF 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 LDF.

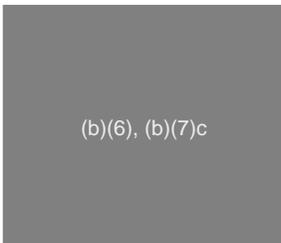
## REPORT ORGANIZATION

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 PBNDS 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 PBNDS, 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



Special Agent (Team Leader)  
Special Agent  
Contract Inspector  
Contract Inspector  
Contract Inspector  
Contract Inspector

ODO, Houston  
ODO, Houston  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

# OPERATIONAL ENVIRONMENT

## INTERNAL RELATIONS

ODO interviewed the LDF Warden, the LDF Deputy Warden, the AFOD, and the SDDO. The LDF Warden and the LDF Deputy Warden stated the working relationship between ERO and LDF staff is excellent, and morale among LDF employees is high. The LDF Warden and the LDF Deputy Warden stated ERO supervisors and officers visit detainees in the housing units on a regular basis.

The AFOD and SDDO stated the working relationship between ICE and LDF staff is excellent; however, morale among ERO personnel is currently low, because the extended leave of (b)(7)e ERO officers has overburdened remaining staff.

## DETAINEE RELATIONS

ODO interviewed 45 randomly-selected detainees (35 males; ten females) to assess detention conditions at LDF. All detainees stated they received hygiene supplies at admission, and the hygiene items are replenished at no cost. There were no complaints regarding food service or medical care. All detainees stated they had access to recreation, religious services, telephones, visitation privileges, and the law library.

Eight of 45 detainees stated they did not receive the ICE National Detainee Handbook or a facility handbook. ODO reviewed the detention files of the eight detainees and verified each signed an acknowledgement form confirming receipt of both detainee handbooks.

Nine detainees stated they could not identify a Deportation Officer, but all stated they knew how to contact a Deportation Officer, if necessary. Names and telephone numbers of ICE staff are posted throughout the housing units. A majority of detainees stated they frequently observe ERO officers visiting the housing units each week to communicate with detainees.

One detainee expressed concern over the monitoring of his cholesterol levels by medical staff. The detainee stated he had been seen by medical staff on a regular basis, and his most recent appointment was two days prior to the interview. ODO confirmed with medical personnel that proper monitoring and treatment is being provided.

## **ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 16 PBNDS and found LDF fully compliant with the following 13 standards:

- Admission and Release
- Classification System
- Detainee Handbook
- Disciplinary System
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Law Libraries and Legal Material
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Units
- Staff-Detainee Communication
- Telephone Access
- Use of Force and Restraints

As these standards were compliant at the time of the inspection, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following three standards:

- Grievance System
- Medical Care
- Suicide Prevention and Intervention

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

## **GRIEVANCE SYSTEM (GS)**

ODO reviewed the Grievance System standard at LDF to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE PBNDS. ODO interviewed staff and detainees, and reviewed LDF policies, the grievance log, and detainee files.

Detainees have the opportunity to file informal, formal, and emergency grievances, and appeal grievance decisions. Grievance forms, printed in English and Spanish, are available in each detainee housing unit. The LDF grievance system policy is comprehensive and addresses all requirements of the standard. The detainee handbook advises detainees of the grievance process. Detainees stated they are aware of their right to communicate directly with ICE if they are dissatisfied with a grievance decision, or to appeal a grievance response from an LDF official.

The facility maintains a grievance log to document and track formal and informal grievances submitted by ICE detainees. A review of the grievance log found detainees submitted 91 formal grievances from September 2012 to March 2013. There were four grievances related to the disciplinary process, six grievances related to legal issues, six grievances related to property, eight grievances related to facility operations, 11 grievances related to conditions of confinement, 17 grievances related to food service, 17 grievances related to problems with staff, and 22 grievances related to medical care. A review of all medical grievances and a random sample of 15 grievances in other categories identified no trends or patterns, and all grievances were processed as required by the PBNDS, with one exception. One of the 17 grievances regarding staff involved alleged officer misconduct. On January 3, 2013, a detainee alleged a staff member harassed him with repeated searches without cause. During an interview with ODO, the LDF Grievance Officer stated grievances alleging staff misconduct are not immediately forwarded to ERO (**Deficiency GS-1**). In these cases, LDF management conducts an investigation to determine whether ICE notification is warranted. Failure to immediately forward grievances that allege staff misconduct prevents ICE management from proactively engaging facility management to resolve the issues.

The grievance log documented 95 grievances were informally resolved from September 2012 to March 2013. LDF policy allows a detainee who is not satisfied with an informal resolution to appeal the decision to the Detainee Grievance Committee within five days. The Detainee Grievance Committee consists of the LDF Deputy Warden, who serves as the chairperson of the committee, (b)(7)(e) GEO employee, and (b)(7)(e) ICE officer. LDF policy also allows detainees to bypass the informal grievance process and file a formal grievance at any point in the process.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY GS-1**

In accordance with the ICE PBNDS, Grievance System, section (V)(G), the FOD must ensure staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be

processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/DRO.

All ICE/DRO staff are reminded of the requirement of Administrative Manual 5.5.201, Reporting and Resolving Allegations of Employee Misconduct. All ICE employees are responsible for immediately reporting either orally or in writing any allegation of misconduct to their supervisor or a higher-level ICE official in their chain of command or directly to the ICE Office of Professional Responsibility or the DHS Inspector General. This reporting requirement applies without exception to all detainee allegations of officer misconduct, whether formally or informally submitted.

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at LDF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE PBNDS. ODO toured all areas where medical services are provided, reviewed policies and procedures, and examined 25 detainee medical files, including the records of females and chronic care patients. ODO interviewed the HSA, the staff physician, the pharmacist, the Infection Control Coordinator, the training manager, nurses, mental health professionals, and administrative support staff.

The LDF medical clinic is operated by IHSC. IHSC staff at LDF is supplemented with personnel from the USPHS, and contractors from STG International. The LDF clinic consists of four examination rooms, an urgent care room, a dental suite with one chair, a pharmacy, a laboratory, a digital x-ray room, a medical records office, and multiple administrative offices. A six-cell medical short stay unit attached to the clinic is used for isolation, quarantine, and suicide watch. Two of the short stay unit cells have an anteroom with a window to allow observation of detainees with infectious conditions. A nursing office and a security station within the clinic afford sight and sound supervision. All cells have negative pressure capability, are clean, and contain no items to facilitate a suicide attempt. The waiting area for detainees is adequately accommodating, and includes both a restroom and a water fountain. There is an additional examination room in each of the housing units where a nurse conducts assessment and triage each workday. Space and medical equipment are sufficient for the provision of healthcare services. All areas were secured throughout the inspection.

The Acting CMA is a regional IHSC physician who provides off-site support. STG International provides a full-time contract physician, who is on-call 24 hours a day and available at the facility Monday through Friday, a psychiatrist, a social worker, a psychologist, a pharmacist, (b)(7)(e) pharmacy technicians (b)(7)(e) administrative support staff, (b)(7)(e) NPs, (b)(7)(e) LPNs, and (b)(7)(e) RNs. There are (b)(7)(e) nurses and a dentist, who are all clinical USPHS officers. One of the USPHS nurses serves as the Infectious Disease Coordinator and the Assistant HSA, and another nurse serves as the Performance Improvement Coordinator. On-call services are provided via an NP rotation. Training files and credential files for all medical staff are complete, and licenses are primary source verified. The staffing plan, which is reviewed annually, shows vacancies for a Clinical Director, a full-time RN, and a part-time LPN. ODO confirmed STG International is actively recruiting to fill these positions; however, the HSA stated active physician recruiting by STG International has been unsuccessful to date.

The medical clinic provides 24-hour nursing coverage and processes a high volume of detainee arrivals at various hours throughout the week. The HSA stated it is common for LDF to receive in excess of 100 detainee arrivals at a time, which makes adherence to assessment deadlines challenging. Based on interviews and observations, ODO determined the on-site Clinical Director position should be filled to ease the workload of the staff physician and to allow closer clinical supervision.

ODO found the infection control program at LDF to be efficient and resourceful. The Infectious Disease Coordinator demonstrated a solid knowledge base regarding tuberculosis, HIV, hepatitis, influenza, and varicella. The written infection control plan addresses all subject matter required

by the PBNDS, and clinical practice guidelines are readily available to reference strategies for the treatment of infectious diseases commonly found in a correctional environment. Logs and reports confirmed routine reporting of infectious disease cases to both the State Health Department and IHSC. LDF also participates in TB Net, which is a reporting program that supports continuity of care and medication treatment for deported detainees. ODO observed sharps disposal boxes mounted in every area where hypodermic needles are used, and the biohazard closet was clean, organized, and compliant with Occupational Safety and Health Administration standards. The clinic uses contractor Stericycle for disposal of bio-hazardous medical waste.

LDF has a full-service pharmacy managed by a contract pharmacist who is currently awaiting commission into the USPHS. ODO confirmed written policies, formularies, inventories, and National Pharmacy and Therapeutics Committee meeting minutes are complete. The pharmacist stated he does not attend departmental meetings. ODO recommends attendance by the pharmacist at quarterly and governing body meetings, so error trends, procedure updates, and corrective plans required for compliance with policies and regulations can be successfully communicated. Training logs confirmed nurses receive the appropriate training for administering medication. The pharmacy is secured with a high security lock and controlled access.

The initial health screening of detainees is completed and electronically documented by nurses in the intake processing area. Two sick call rooms in adjacent housing units are also available to accommodate high-volume processing demands. A review of 25 records found five initial health screenings were not completed within 12 hours of admission (**Deficiency MC-1**). Of those five, four were completed within 24 hours of admission, and one was completed three days after admission. ODO noted the CMA or alternate designated clinical authority failed to sign initial screening forms within 24 hours or on the next business day in order to prioritize the level of care needed. IHSC Operations Memorandum, effective May 10, 2011, authorized an RN, NP, or physician to review the IHSC 795A, Intake Screening Form, and instructed the CMA at each facility to designate, in writing, categories of personnel authorized to conduct these reviews. In response, the Acting Clinical Director at LDF issued a memorandum, effective May 20, 2011, which stated, "The charge nurse or designee(s) will review all intake screening forms within 24 hours, or the next business day, of completing the intake screening process. Midlevel providers may assist and perform this review during periods of large influxes provided essential provider level workload is complete." The HSA stated a charge nurse has not been identified among the RNs on staff, and an alternate has not been designated in writing to assume responsibility for the review of intake screening forms (**Deficiency MC-2**).

A chest x-ray is administered in the LDF digital x-ray room to identify tuberculosis prior to completion of intake processing. Initial assessments include screening for intoxication and substance withdrawal, suicide risk factors, acute medical and dental problems, communicable diseases, and follow-up care needs. ODO confirmed medical, dental, and mental health referrals are promptly and appropriately submitted. Detainees are verbally oriented to the sick call process and are provided patient education pamphlets, printed in English and Spanish, addressing prevention of infectious diseases and access to healthcare. Medical personnel use Interpretalk to communicate with detainees who speak a language other than English or Spanish. There is an ample number of LDF medical staff fluent in Spanish.

At the time of intake, detainees are assigned a category of either healthy or unhealthy for the scheduling of 14-day health appraisals and a physical examination (PE). An NP performs a PE for detainees in the unhealthy category; a PE for a healthy detainee is performed by an RN trained by the physician to perform this function. Documentation of training is present in the file of each RN. ODO verified a PE, with a dental examination, occurred within the mandatory 14-day time frame in each of the 25 records examined by ODO. However, one physical examination performed by an RN was not reviewed and signed by the physician. In addition to this case, which was identified during the medical record review, review of the electronic medical record queue found eight additional files containing documentation of a PE overdue for review by the physician (**Deficiency MC-2**).

The mental health department consists of a full-time psychiatrist, a full-time psychologist, and a full-time social worker. Each of these professionals reported five to six referrals or follow-up visits per day. Through interviews with mental health staff, ODO determined an effective working relationship with the medical department exists. There is an efficient referral process, with prompt completion of mental health assessments. A review of nine medical files of detainees in the mental health clinic confirmed appropriate assessment and follow-up care.

Sick call occurs three times daily in the general population housing units. ODO confirmed non-medical personnel are not involved in the collection of medical information. On weekdays, triage is conducted the same day the complaint is received. On weekends and holidays, only urgent complaints are evaluated the same day, while all others are scheduled for the next weekday. Physician-approved nursing protocols for non-emergent healthcare needs allow administration of over-the-counter medications by an RN or an LPN. Instructions and patient information are consistently noted during chart reviews. Referrals to a diagnosing and prescribing practitioner are made when medical issues are beyond the knowledge or scope of practice of the triage nurse. Sick call occurs in the special management units a minimum of once daily, and triage is conducted in the same manner provided to the general population. ODO verified logs recording requests, triage, and sick call are maintained in the clinic.

ODO confirmed the written local emergency plan is complete, calling for the provision of 24-hour coverage, posting of emergency contacts, and maintaining availability of two automated external defibrillators. Two emergency go-bags, located in the urgent care room, are inventoried and sealed. Medical staff receives training in the use of emergency equipment at orientation and annually. Emergency transport is provided by LaSalle Parish Ambulance. A review of training records for all medical staff and b(7) custody staff confirmed all received orientation and annual training in first-aid, cardiopulmonary resuscitation (CPR), use of an automated external defibrillator, and suicide precaution and intervention. Copies of CPR cards were present in all files reviewed.

Twenty of the 25 records reviewed were for detainees receiving treatment from the chronic care clinic. All chronic care files contained treatment plans with appropriate diagnostic testing and follow-up. Referrals for specialty services are sent to the LaSalle General Hospital, which is approximately 50 miles from LDF. Medical and psychiatric alerts are noted in the medical files of chronic care patients to alert ICE staff to special needs prior to transfer. Medical files for transferring detainees are placed in sealed envelopes marked "Medical Confidential," and display the name and A-number of each detainee.

The 25 records reviewed contained consent forms for the use of specific medications in the three cases where psychotropic drugs were required. ODO notes the side effects of the prescribed medications were not included on the forms. ODO recommends detainees sign an additional form describing the potential side effects of each prescribed psychotropic medication.

According to the HSA, quarterly administrative meetings are not held due to scheduling difficulties (**Deficiency MC-3**). The failure to hold these meetings hinders formal communication among clinical staff related to identification of problems, data analysis, and corrective planning.

LDF implemented an electronic medical record system in April 2011. ODO identified one printed physical assessment that did not include the name or A-number of the detainee on the final five pages of the document. The HSA stated he would contact the company to assess the problem. ODO recommends inclusion of appropriate identifying information on every page of printed medical records.

ODO confirmed there were no detainee deaths, suicides, or suicide attempts during the 12 months preceding this CI.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with the ICE PBNDS, Medical Care, section (V)(I)(1), the FOD must ensure initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or detention officer specially trained to perform this function.

### **DEFICIENCY MC-2**

In accordance with the ICE PBNDS, Medical Care, section (V)(J), the FOD must ensure the clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment.

### **DEFICIENCY MC-3**

In accordance with the ICE PBNDS, Medical Care, section (V)(X)(1), the FOD must ensure the administrative health authority shall convene a meeting at least quarterly and include other facility and medical staff as appropriate. The meeting agenda shall include, at a minimum:

- An account of the effectiveness of the facility health care program;
- Discussions of health environment factors that may need improvement;
- Review and discussion of communicable disease and infectious control activities;
- Changes affected since the previous meetings; and
- Recommended corrective actions, as necessary.

Minutes of each meeting shall be recorded and kept on file.

## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the Suicide Prevention and Intervention standard at LDF to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE PBNDS. ODO reviewed facility policies and procedures, intake screening documentation, teaching plans, and training records. ODO also interviewed the HSA and the LDF training manager.

Inspection confirmed the suicide watch cells, which are connected to the medical clinic, are clean and contain no items to facilitate a suicide attempt. The LDF training plan addresses suicide risk identification, management of suicide gestures and attempts, and procedures for mental health referrals. Examination of (b)(7) training records for custody staff confirmed suicide prevention and intervention information is provided to LDF staff at orientation and during annual refresher training. The LDF training manager instructs this class.

There were no suicides or suicide attempts during the 12 months preceding this CI. Medical files for two detainees placed on suicide watch confirmed the detainees were referred for mental health services and placed on continuous observation following verbal threats of suicide. In one of the two cases, the psychiatrist terminated the suicide watch following an evaluation. In the second case, the suicide watch was inappropriately terminated by an NP who lacked the authority to do so (**Deficiency SP&I-1**). LDF policy authorizes only the Clinical Director or a mental health professional to terminate a suicide watch and return a detainee to the general population. The HSA stated the previous policy violation was acknowledged and appropriate action was taken by LDF management with respect to the staff member.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SP&I-1**

In accordance with the ICE PBNDS, Suicide Precaution and Intervention, section (V)(D), the FOD must ensure only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed.