

Office of Professional Responsibility

Nevada Southern Detention Center

Compliance Inspection 2025-001-055

March 25-27, 2025



U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
NEVADA SOUTHERN DETENTION CENTER
Pahrump, Nevada

TABLE OF CONTENTS

FACILITY OVERVIEW	3
COMPLIANCE INSPECTION PROCESS	4
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	5
DETAINEE RELATIONS.....	6
COMPLIANCE INSPECTION FINDINGS	6
CARE.....	6
MEDICAL CARE.....	6
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	7
CONCLUSION.....	7

COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Assistant Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Section Chief	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from March 25 to 27, 2025.¹ 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). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS). ODO inspected NSDC against NDS 2019, which is the NDS listed on the ERO Custody Management Division Authorized Facility List as of March 24, 2025.²

[REDACTED] An NSDC 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. In February 2022, NSDC was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of March 25, 2025)	[REDACTED]
Adult Female Population (as of March 25, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Medical Care (1) and Significant Self-Harm and Suicide Prevention and Intervention (2).

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 For ODO inspections beginning in FY 2024, ERO Custody Management Division requested ODO inspect all United States Marshals Service Intergovernmental Agreement facilities, not contractually obligated to an ICE NDS, to NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of March 24, 2025.

⁴ *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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Transportation by Land	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	3

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 33 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 33 detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated the facility prescribed him ibuprofen for his dental pain, but he wanted a dentist to evaluate him.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical records, and confirmed on March 5, 2025, the detainee submitted a sick call request for dental pain. On March 6, 2025, a nurse evaluated the detainee, but did not refer the detainee to a dentist. The nurse prescribed the detainee ibuprofen (600 mg), 1 tablet twice per day for 10 days, and instructed the detainee to submit a sick call request if the pain continued. The detainee did not submit any additional sick call requests for dental pain; however, on March 26, 2025, at ODO's request, the HSA scheduled the detainee for a dentist appointment on April 1, 2025. On April 2, 2025, ODO followed up and confirmed a facility dentist evaluated the detainee and found multiple visible dental root tips. The dentist prescribed the detainee amoxicillin (500 mg), 1 tablet twice per day for 10 days, and Tylenol (325 mg), 1 to 2 tablets per day every 6 hours, as needed, for 3 days. The dentist instructed the detainee to continue his care plan and to submit a sick call request if pain persisted. The detainee acknowledged understanding.

COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility released a human immunodeficiency virus (HIV) positive detainee receiving an anti-HIV therapy drug (Biktarvy (25 mg) 1 tablet per day) on October 24, 2024, but did not provide a 30-day supply of medication upon his release (**Deficiency MC-86**⁸).

ODO reviewed █ detainee medical records and found in █ out of █ records, one detainee did not receive a 30-day supply of Biktarvy (25mg), 1 tablet per day, as ordered by the prescribing authority (**Deficiency MC-118**⁹). **This is a repeat deficiency.**

⁸ "Upon release, detainees currently receiving anti-HIV therapy and other drugs shall receive up to a 30-day supply of their medications as medically appropriate." See ICE NDS 2019, Standard, Medical Care, Section (II)(N)(3).

⁹ "Upon removal or release from ICE custody, the detainee shall receive up to a 30-day supply of medication as ordered by the prescribing authority and a medical care summary." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(4).

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

ODO reviewed 5 suicide watch logs for detainees placed on suicide precautions and found in 3 out of 5 watch logs, facility staff documented 21 entries between 16 and 29 minutes (**Deficiency SSHSPI-21**).¹⁰ This is a repeat deficiency and a priority component.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under NDS 2019 and found the facility in compliance with 19 of those standards. ODO found three deficiencies in the remaining two standards. Since NSDC’s last rated inspection in March 2024, the facility’s overall compliance has remained constant. NSDC had 2 deficient standards and 3 deficiencies in March 2024, and remained constant with 2 deficient standards and 3 deficiencies during this most recent inspection. ODO received NSDC’s completed uniform corrective action plan for its last inspection in August 2024; however, it may not have been effective in resolving the previous deficiencies ODO cited. ODO recommends ERO Salt Lake City continue to work with the facility to resolve the remaining deficiencies.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	2	2
Overall Number of Deficiencies	3	3
Priority Component Deficiencies	1	1
Repeat Deficiencies	0	2
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	Good

¹⁰ “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).



U.S. Immigration
and Customs
Enforcement

Office of Professional Responsibility

