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Office of Professional Responsibility

Inspections and Detention Oversight Division

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**Office of Detention Oversight
Compliance Inspection**

Enforcement and Removal Operations

ERO New Orleans Field Office

Pine Prairie Correctional Center

Pine Prairie, LA

November 1–3, 2016

COMPLIANCE INSPECTION
for the
PINE PRAIRIE CORRECTIONAL CENTER
Pine Prairie, Louisiana

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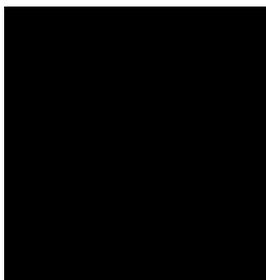
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COMPLIANCE INSPECTION TEAM MEMBERS



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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Pine Prairie Correctional Center (PPCC), in Pine Prairie, Louisiana, from November 1 to 3, 2016.¹ PPCC opened in January 2016 and is owned and operated by The GEO Group, Inc. The Office of Enforcement and Removal Operations (ERO) began housing detainees at PPCC in January 2016, pursuant to a contract, under the oversight of ERO’s Field Office Director (FOD) in New Orleans.

A Detention Services Manager is assigned to the facility. ERO staff members are not assigned to the facility. A GEO Warden is responsible for oversight of daily facility operations and is supported by █ personnel. The GEO Group, Inc. provides food service and a GEO Group, Inc. subsidiary, Correct Care Solutions provides detainee medical care. The facility held no accreditations at the time of the inspection.⁴

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	1000
Average ICE Detainee Population ³	█
Male Detainee Population (as of 11/01/2016)	█
Female Detainee Population (as of 11/01/2016)	N/A

OVERALL FINDINGS

This is ODO’s first Compliance Inspection of the PPCC under the Performance-Based National Detention Standards (PBNDS) 2011. ODO reviewed the facility’s compliance with 16 standards and found the facility compliant with 11 standards. ODO found 10 deficiencies in the remaining five standards, three of which were priority components. Finally, ODO identified three instances in which the facility initiated corrective action during the course of the inspection.⁵

Inspection Results	FY2016 (PBNDS 2011)
Standards Reviewed	16
Deficient Standards	5
Overall Number of Deficiencies	10
Deficient Priority Components	3
Corrective Actions Initiated	3

¹ Male and female detainees with low, medium low, medium high, and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of October 31, 2016.

³ *Ibid.*

⁴ The PPCC medical department was surveyed for accreditation by the National Commission on Correctional Health Care (NCCHC) in October 2016. The results of the NCCHC accreditation survey were pending at the time of the ODO inspection.

⁵ Corrective actions, where immediately implemented, and ODO recommendations, as applicable, have been identified in the *Compliance Inspection Findings* section and annotated with a “C.” or “R.” respectively.

FINDINGS BY PBNDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED ⁶	DEFICIENCIES
Part 1 – Safety	
1.2 - Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
2.1 - Admission and Release	1
2.2 - Custody Classification System	0
2.5 - Funds and Personal Property	0
2.11 - Sexual Abuse and Assault Prevention and Intervention	0
2.12 - Special Management Units	0
2.13 - Staff-Detainee Communication	1
2.15 - Use of Force and Restraints	1
Sub-Total	3
Part 4 – Care	
4.1 - Food Service	0
4.3 - Medical Care	2
4.4 - Medical Care (Women)	0
4.6 – Significant Self Harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 – Activities	
5.6 - Telephone Access	0
Sub-Total	0
Part 6 – Justice	
6.1 - Detainee Handbook	0
6.2 - Grievance System	5
6.3 - Law Libraries and Legal Material	0
Sub-Total	5
Total Deficiencies	10

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

COMPLIANCE INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁷ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁸ Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss ODO's preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁷ ODO reviews the facility's compliance with selected standards in their entirety.

⁸ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 30 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Medical Care: Two detainees stated they have not received adequate medical care. The first detainee complained about his eyesight and a previously diagnosed ulcer.

- Action Taken: ODO reviewed the detainee's medical record with the facility medical staff. Medical staff informed ODO the detainee arrived at PPCC on September 22, 2016. On September 30, 2016 the detainee went to sick call for a stomach ache and to request glasses. The nurse practitioner measured the detainee's visual acuity and determined the detainee should be referred for an off-site eye examination. At the time of the ODO inspection, the request for authorization for an off-site eye examination had been submitted to ICE Health Service Corps (IHSC) by the facility. The detainee's stomach issue was addressed by continuation of his previously prescribed medication.

The second detainee stated the medication given to him by the facility's physician for his pre-existing heart condition was giving him stomach problems. He also stated he wears glasses (bifocals) and has not been able to obtain any glasses from medical services.

- Action Taken: ODO reviewed the detainee's medical record with the facility medical staff. Based on the medical record review ODO determined the detainee arrived at PPCC on October 5, 2016, having been transferred from another ICE facility. The detainee's medical transfer summary contained a statement that the detainee claims to have a pre-existing heart condition, by history, but the diagnosis was not verified at the previous facility. The detainee received his initial physical examination at PPCC performed by a nurse practitioner on October 7, 2016. The nurse practitioner verified via a diagnostic test that the detainee did in fact have a pre-existing heart condition. The detainee transfer form also indicated the detainee had been prescribed a previous medication for the heart condition which was to be continued at PPCC.⁹ However, that specific medication is not stocked at PPCC and is also not on the IHSC drug formulary (list of approved drugs), so a special request had to be approved by IHSC to purchase this drug. The detainee was also diagnosed with a non-life threatening stomach issue. The facility medical staff also prescribed an appropriate medication for the stomach issue.

Due to the detainee's pre-existing heart condition, the PPCC physician is scheduled to meet with the detainee on November 4, 2016 to discuss the importance of the detainee taking his medication as prescribed.

The detainee never mentioned bifocals during intake screening or sick call. However, after a locally administered eye exam, PPCC medical staff submitted a treatment request to have the detainee seen for an off-site eye exam.

⁹ The detainee was in ICE custody for only four days at the previous ICE facility before being transferred to PPCC.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO observed the admissions process and reviewed the facility orientation material with facility staff. PPCC provides detainees with the ICE National Detainee Handbook and facility's handbook. Both handbooks are available in English and Spanish. The "Know Your Rights" and the PPCC orientation videos are shown, after which detainees are given the opportunity to ask questions. Although the orientation process meets the requirements of the standard, there was no documentation the orientation procedures were officially approved by ICE (**Deficiency AR-1¹⁰**).

Corrective Action: The facility initiated corrective action during the inspection by submitting the orientation procedures to ERO for approval. ERO reviewed and issued a memorandum approving the orientation procedures (**C-1**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the electronic ICE detainee request log, containing 311 detainee requests, for the month preceding the ODO inspection. ODO found the ERO field office had not responded to any of the detainee requests within the required three business days (**Deficiency SDC-1¹¹**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the video and documentation for 11 use-of-force incidents at the PPCC which occurred in the 12 months preceding the ODO inspection. ODO identified four calculated and seven immediate use-of-force incidents. ODO found three of the four calculated use of force incidents were not video recorded with a handheld camera (**Deficiency UOF&R-1¹²**). ODO's review of footage from fixed security cameras found a handheld video camera was brought to the scene in two of the three cases but failed to record the incident due to what the facility's chief of security stated was a "camera malfunction." In the third case, a handheld video camera was not retrieved to record the incident.

¹⁰ "All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

¹¹ "In Facilities without ICE/ERO Onsite Presence Each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt. All dates shall be documented." See ICE PBNDS 2011, Staff-Detainee Communication, Section (V)(B)(1)(b).

¹² "While ICE/ERO requires that all use-of-force incidents be documented and forwarded to ICE/ERO for review, for calculated use of force, it is required that the entire incident be audio visually recorded. The facility administrator or designee is responsible for ensuring that use of force incidents are audio visually recorded. Staff shall be trained in the operation of audiovisual recording equipment. There shall be a sufficient number of cameras appropriately located and maintained in the facility." See ICE PBNDS 2011, Use of Force and Restraints, Section (V)(I)(2). **This is a priority component.**

CARE

MEDICAL CARE (MC)

ODO reviewed 30 detainee medical records and found comprehensive health assessments were completed within 14 days. Three assessments that were performed by midlevel providers were not reviewed by the facility's clinical medical authority (CMA) or the staff physician to assess priority for treatment (**Deficiency MC-1¹³**).

Corrective Action: Prior to the completion of the inspection, ODO confirmed through a review of detainee medical records and in an interview with the facility's health services administrator (HSA) that facility medical providers' enrolled detainees in chronic care clinics and initiated treatment plans at the time of the initial health appraisal (**C-2**).

During the medical record review, ODO identified three detainees who were receiving prescribed psychotropic medications. Notes by the mental health provider document medication side effects were discussed with the detainees; however, signed informed consent forms for the medications were not obtained (**Deficiency MC-2¹⁴**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed of the facility's detainee grievance log for the ten months preceding the inspection and found 12 instances (out of 84 entries) where detainees were not provided with a written or oral response within five days of the submission of their grievance (**Deficiency GS-1¹⁵**).

ODO reviewed the detention files of 20 detainees who filed grievances, as noted in the facility's detainee grievance log. Copies of the grievance dispositions were not placed in 13 of the 20 detention files reviewed (**Deficiency GS-2¹⁶**).

ODO reviewed PPCC's Policy and Procedure Manual, Chapter 9.1.3, *Detainee Grievance Procedure*, dated August 12, 2016. ODO also interviewed the facility's grievance officer and determined there are no written procedures regarding a detainee's grievance for urgent access to legal counsel and the law library (**Deficiency GS-4¹⁷**).

¹³ "The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(L).

¹⁴ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(X)(4).

¹⁵ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

¹⁶ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a priority component.**

¹⁷ "Written procedures shall also cover urgent access to legal counsel and the law library..." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(2).

ODO reviewed the facility medical grievance log for the 10 months preceding the inspection and found that designated medical staff does not consistently act on medical grievances within five working days of receipt. Out of 12 medical grievance log entries, one grievance response was three days overdue (**Deficiency GS-5¹⁸**).

Additionally ODO interviewed the Grievance Officer and confirmed via review that medical grievances are maintained in the medical care unit in a binder, instead of in the detainee's medical files (**Deficiency GS-3¹⁹**).

Corrective Action: Facility medical staff initiated corrective action during the inspection by transferring medical grievances from a binder to the appropriate detainee medical file (**C-3**).

¹⁸ “Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(4).

¹⁹ “Medical grievances shall be maintained in the detainee’s medical file.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(D). **This is a priority component.**