



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations  
ERO New Orleans Field Office**

**Allen Parish Public Safety Complex  
Oberlin, Louisiana**

**May 24-26, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**ALLEN PARISH PUBLIC SAFETY COMPLEX**  
Oberlin, Louisiana

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
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 follow-up compliance inspection of the Allen Parish Public Safety Complex (APPSC) in Oberlin, Louisiana, from May 24 to 26, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of APPSC from November 15 to 19, 2021. The facility opened in 2015 and is owned by Allen Parish and operated by Allen Parish Public Sheriff’s Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at APPSC in 2016 under the oversight of ERO’s Field Office Director in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. An APPSC warden handles daily facility operations and manages ■ support personnel. APPSC staff provides food services and medical care, and Brothers Commissary provides commissary services at the facility. In April 2019, APPSC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	■
Average ICE Population <sup>3</sup>	■
Adult Male Population (as of May 24, 2022)	■
Adult Female Population (as of May 24, 2022)	■

During its last inspection, in Fiscal Year (FY) 2022, ODO found four deficiencies in the following areas: Food Service (3) and Post Orders (1).

<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of May 9, 2022.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

**FINDINGS BY PERFORMANCE-BASED NATIONAL  
DETENTION STANDARDS 2011 (REVISED 2016)  
MAJOR CATEGORIES**

<b>PBNS 2011 (Revised 2016) Standards Inspected<sup>4,5</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	4
Environmental Health and Safety	6
<b>Sub-Total</b>	<b>10</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Custody Classification System	2
Facility Security and Control	5
Funds and Personal Property	0
Post Orders	0
Special Management Units	3
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>11</b>
<b>Part 4 - Care</b>	
Food Service	11
Hunger Strikes	4
Medical Care	4
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>19</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>40</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>5</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. Two detainees stated allegations of alleged staff misconduct. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Grievance System:* Two detainees stated alleged misconduct of a facility officer and that they considered going on a hunger strike if the facility did not remove the officer from their housing unit. Specific allegations against the officer included telling detainees they needed to go back home, reprimanding detainees without reason, and throwing the detainees' towels on the floor.

- Action Taken: ODO spoke with the facility ICE operation supervisor (IOS) who confirmed meeting with the detainees after ODO brought the allegation to their attention. The facility warden took immediate action, reassigning the officer from the ICE building to the Parish Jail which separated him from all detainees pending an internal investigation and notifying ERO New Orleans of the incident. Additionally, ERO New Orleans staff confirmed they were notified of the allegation and stated it did not rise to the level of a referral to the Joint Intake Center since the facility investigated the allegation and determined the allegation was unfounded.

*Medical Care:* One detainee stated his concern with the medical care he has received for his back issues.

- Action Taken: ODO reviewed the detainee's medical record, spoke with the facility medical staff, and found no report of back pain by the detainee during a medical evaluation of him that occurred on May 1, 2022. Additionally, the medical staff completed a full examination of the detainee on May 3, 2022, and the detainee again reported no back pain. However, the detainee did submit a sick call request for back pain on May 20, 2022. Facility medical staff examined him the following day, noted his rating of the pain at 10 on a scale from 1-to-10 and prescribed him 600 milligrams (mg) of ibuprofen, once a day, and instructed him to follow-up with facility medical staff as needed. During a follow-up visit on May 23, 2022, the medical staff noted the detainee's improvement and full range of motion.

At the request of ODO, facility medical staff evaluated the detainee for back pain; however, the detainee declined to answer the medical staff's questions. Facility medical staff noted the detainee had reduced range of motion and a slight limp in his left leg. They prescribed him 750 mg of Robaxin, three times a day, and advised him to submit a sick call request if symptoms worsened. The detainee stated he understood his care plan and had no further questions.

*Staff-Detainee Communication:* One detainee stated the facility had not assisted him with translation services to complete court paperwork.

- Action Taken: ODO informed the facility IOS of the detainee's complaint and requested the facility assist the detainee with translation services. The IOS met with the detainee the same day, collected, and logged the detainee's paperwork for

translation services. The facility IOS stated the facility offers interpreter and translation services to all detainees. Additionally, ODO observed posters with instructions to request translation services in the detainee's native language throughout the housing area.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **EMERGENCY PLANS (EP)**

ODO interviewed the facility warden and found the facility did not conduct simulated exercises to test contingency plans (**Deficiency EP-14**<sup>6</sup>).

ODO reviewed the facility EP program, interviewed the facility warden, and found the facility did not develop a contingency plan for internal search (**Deficiency EP-71**<sup>7</sup>).

ODO reviewed the facility EP program, interviewed the facility warden, and found since the facility did not have a contingency plan for internal search, the facility did not have a search coordinator (**Deficiency EP-135**<sup>8</sup>).

Additionally, the facility did not have a plan specifying the search method to use nor to instruct assigned teams in the search of identified areas (**Deficiency EP-136**<sup>9</sup>).

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the facility compliance officer, observed detainee housing units, and found the facility did not maintain a high standard of sanitation and general cleanliness. Specifically, ODO observed peeling paint, discoloration of shower floor pans, and soap residue buildup in housing units G, H, I, and J. Additionally, ODO observed food splatter on the walls near the trash can and microwave in housing unit I (**Deficiency EHS-11**<sup>10</sup>).

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<sup>6</sup> "Simulated exercises to test the contingency plans shall occur on a regular, mutually agreed-upon basis and recur annually at a minimum." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(C)(1)(b)(3).

<sup>7</sup> "The facility shall compile individual contingency specific plans, as needed, and approved by the Field Office Director in the following order: ...

6. search (internal)." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(12).

<sup>8</sup> "The shift supervisor or facility administrator designee shall serve as search coordinator, dispatching a separate two-officer search team for every missing detainee, at least one of whom shall be thoroughly familiar with the assigned search area." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(6)(a).

<sup>9</sup> "The supervisor shall direct search teams to draw designated keys from the facility's key control area, specify which search method to use, instruct assigned teams to search areas identified to be searched, including areas with non-standard construction features (temporary or permanent), and assign a designated radio frequency." *See* ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(E)(6)(a).

<sup>10</sup> "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).



ODO interviewed the compliance officer and found the facility did not distribute a copy of the master safety data sheet to the local fire department (**Deficiency EHS-49<sup>11</sup>**).

ODO reviewed the facility fire inspection logs and found the facility did not document compliance with federal safety codes. Specifically, the facility did not document fire sprinkler inspections since March 21, 2021, as required by the National Fire Protection Association (NFPA) (**Deficiency EHS-94<sup>12</sup>**).

ODO toured the food service (FS) department and found the facility did not comply with standards and regulations issued by the NFPA. Specifically, ODO found two warmer boxes used to transport meals to the housing units with electrical cords pulled from the back of the box, exposed wires on the cords, and broken grounding pins (**Deficiency EHS-96<sup>13</sup>**).

ODO reviewed inspection files and found facility maintenance staff did not conduct nor document monthly fire and safety inspections between December 2021 and April 2022 (**Deficiency EHS-102<sup>14</sup>**).

ODO reviewed inspection files and found the facility did not forward inspection reports to the facility administrator for review between December 2021 and April 2022 (**Deficiency EHS-103<sup>15</sup>**).

## **SECURITY**

### **ADMISSION AND RELEASE (AR)**

ODO reviewed ■■■ detainee files and found in ■■■ out of ■■■ files, no Order to Detain or Release (Form I-203 signed by an appropriate ERO New Orleans authorizing official (**Deficiency AR-54<sup>16</sup>**).

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<sup>11</sup> “The maintenance supervisor shall maintain this information in the safety office (or equivalent) and ensure that a copy is sent to the local fire department.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(5).

<sup>12</sup> “Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state and/or local fire safety codes, and that of the authority having jurisdiction over document compliance.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(1)(b).

<sup>13</sup> “Every facility shall comply with standards and regulations issued by: ...  
c. Local and national fire safety codes;”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(1) (c-d).

<sup>14</sup> “Facility maintenance (safety) staff shall conduct monthly inspections.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(2)(b).

<sup>15</sup> “Written reports of the inspections shall be forwarded to the facility administrator for review and, if necessary, corrective action determinations.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(2)(c).

<sup>16</sup> “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

## CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee detention files and found in █ out of █ files, a facility classification supervisor did not review the detainees' classifications (**Deficiency CCS-9**<sup>17</sup>).

ODO reviewed █ detainee files and found in █ out of █ files, a supervisor did not review the classification files for accuracy and completeness (**Deficiency CCS-31**<sup>18</sup>).

## FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's post orders (PO), interviewed the facility's staff, and found the facility did not consistently check the driver's license of the driver before entering the facility grounds (**Deficiency FSC-56**<sup>19</sup>).

ODO reviewed the facility's PO, interviewed the facility's staff, and found the facility did not consistently check the identification of every passenger in the vehicle (**Deficiency FSC-57**<sup>20</sup>).

ODO interviewed facility staff and found the facility consistently did not hold the driver's license or identification of every person entering the facility (**Deficiency FSC-58**<sup>21</sup>).

ODO reviewed the facility's FSC program and found the facility does not have a vehicle log to record the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site (**Deficiency FSC-59**<sup>22</sup>).

Additionally, ODO interviewed facility staff and found the facility did not require all drivers making deliveries to submit to a personal search and questioning about items considered

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<sup>17</sup> "Each facility administrator shall require that the facility's classification system ensures the following: ...

4. Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor."

See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(A)(4).

<sup>18</sup> "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(E).

<sup>19</sup> "The officer shall check the driver's license of the driver entering into the facility, regardless of purpose (e.g., visit, delivery), and may require proof of insurance, especially for vehicles to be driven on the grounds. The officer will also check the identification of every passenger in the vehicle."

See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(a).

<sup>20</sup> "The officer shall check the driver's license of the driver entering into the facility, regardless of purpose (e.g., visit, delivery), and may require proof of insurance, especially for vehicles to be driven on the grounds. The officer will also check the identification of every passenger in the vehicle." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(a).

<sup>21</sup> "While the driver is within the facility's secure perimeter, the officer shall hold the driver's license or identification of every person entering the facility, as specified under the "Visitor Passes" section in this standard." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(a).

<sup>22</sup> "The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(b).

contraband (**Deficiency FSC-61**<sup>23</sup>).

## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed three disciplinary segregation detainee detention files and found in one out of three files, the facility did not complete a written order before placing the detainee into disciplinary segregation (**Deficiency SMU-64**<sup>24</sup>).

ODO reviewed three disciplinary segregation detainee detention files and found one out of three files did not contain a Disciplinary Segregation Order (Form I-883) that the institution disciplinary committee chairman completed (**Deficiency SMU-65**<sup>25</sup>).

ODO reviewed three disciplinary segregation detainee detention files and found one out of three files did not contain a written order of release from segregation, indicating the date and time of release (**Deficiency SMU-71**<sup>26</sup>).

## **CARE**

### **FOOD SERVICE (FS)**

ODO inspected the facility's FS areas and found the FS staff did not maintain sanitation to standards in the FS area. Specifically, ODO noted the following sanitation and cleanliness issues: food residue on walls and floors throughout the kitchen and dish room areas; dirt and food buildup on the floor beneath the racks; rusty shelving, door frames, and railings in the kitchen and dish room; stained and water-damaged ceiling tiles throughout the FS area; ceiling vents with buildup of dust and dirt in the kitchen; chipped-paint wall surfaces throughout the kitchen area; unattached sink drain in the dish room; and trash in uncovered containers (**Deficiency FS-291**<sup>27</sup>).

ODO observed the FS area and found the FS staff did not routinely clean walls, floors, and ceilings. Specifically, ODO observed food residue on walls and floors throughout the kitchen and dish room areas; dirt and food buildup on the floor beneath the racks; rusty shelving, door frames, and railings in the kitchen and dish room; stained and water-damaged ceiling tiles throughout food service; ceiling vents with buildup of dust and dirt in the kitchen; and chipped-paint wall surfaces

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<sup>23</sup> "All drivers making deliveries must submit to a personal search and questioning about firearms, munitions, knives, ropes, jacks, narcotics and other items considered contraband." See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(c)(1).

<sup>24</sup> "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2).

<sup>25</sup> "Prior to a detainee's actual placement in disciplinary segregation, the IDP chairman shall complete the disciplinary segregation order (Form I-883 or equivalent), detailing the reasons for placing a detainee in disciplinary segregation. All relevant documentation must be attached to the order." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(a).

<sup>26</sup> "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order. The completed order shall then be forwarded to the Chief of Security for inclusion in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(c).

<sup>27</sup> "All food service employees are responsible for maintaining a high level of sanitation in the food service department." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(1).

throughout the kitchen area (**Deficiency FS-314**<sup>28</sup>)

ODO observed the FS area and found the facility did not maintain 18-inch clearance underneath sprinkler deflectors in the dry storage room and office. Specifically, FS staff stacked cardboard boxes where the top of the boxes was only a few inches from the sprinkler deflectors (**Deficiency FS-317**<sup>29</sup>).

ODO observed the FS area and found hazardous storage. Specifically, FS staff stacked cardboard boxes haphazardly on plastic skids without interlocking them for stability (**Deficiency FS-318**<sup>30</sup>).

ODO observed the FS area and found conditions that did not prevent feeding nor nesting of insects and rodents. Specifically, ODO observed open trash bags and trash on the floor outside the door (**Deficiency FS-325**<sup>31</sup>).

ODO observed the FS area and found the facility did not keep restrooms and fixtures clean and in good repair. Specifically, ODO observed toilets and sinks with dirt and soap residue and water-damaged ceiling tiles (**Deficiency FS-381**<sup>32</sup>).

ODO observed the FS area and found the facility did not segregate toxic, flammable, and caustic materials from food products, nor store them in a locked and labeled cabinet or room. Specifically, ODO observed a 5-gallon bucket of Advanced Chlorine Sanitizer stored by the dish machine and not stored in a locked and labeled cabinet (**Deficiency FS-392**<sup>33</sup>).

ODO observed the FS area and found the facility did not have ground fault circuit interrupters located on outlets within 6 feet of water sources in the kitchen deep sink and handwashing sink (**Deficiency FS-403**<sup>34</sup>).

ODO reviewed the temperature logs for all equipment in food service and found no documentation verifying the temperature recordings for two refrigerators and one handwashing sink (**Deficiency**

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<sup>28</sup> “Walls, floors and ceilings in all areas must be cleaned routinely.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(c).

<sup>29</sup> “The area underneath sprinkler deflectors must have at least an 18-inch clearance.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(e).

<sup>30</sup> “Facilities must possess hazard-free storage areas:

1) Bags, containers, bundles, etc., shall be stored in tiers and stacked, blocked, interlocked, and limited in height for stability and security against sliding or collapsing.”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(f)(1).

<sup>31</sup> “The premises shall be maintained in a condition that prevents the feeding or nesting of insects and rodents.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(k).

<sup>32</sup> “a. Toilet fixtures shall be of sanitary design and readily cleaned.

b. Toilet rooms and fixtures shall be kept clean and in good repair.”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(9)(b).

<sup>33</sup> “All toxic, flammable and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(11)(d).

<sup>34</sup> “The maintenance manager shall provide ground fault protection wherever needed in the food service department and shall document this protection for the FSA.” *See* ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(12)(c)(5).

### FS-413<sup>35</sup>)

Additionally, facility staff did not verify and document requirements for all food and equipment temperatures. Specifically, ODO reviewed the temperature logs for all equipment in food service and found two refrigerators and one handwashing sink did not have temperature requirements specified on the temperature logs (**Deficiency FS-414**<sup>36</sup>).

ODO observed the facility's dry (food) storeroom and found the facility did not monitor the temperatures in the food storeroom (**Deficiency FS-450**<sup>37</sup>).

### HUNGER STRIKES (HS)

ODO reviewed the medical records of three detainees placed on hunger strike and found all three records did not contain a "Refusal of Treatment" form for refused medical evaluations. Specifically, the facility staff did not note the detainee's refusal and complete a "Refusal of Treatment" form (**Deficiency HS-15**<sup>38</sup>).

ODO reviewed the medical records of three detainees on hunger strike, interviewed the health services administrator, and found in all three records a physician did not terminate the hunger strike treatment. Instead, a nurse practitioner released the detainees from hunger strike treatment (**Deficiency HS-19**<sup>39</sup>).

ODO reviewed the medical records of three detainees on hunger strike and found in all three records, no notation of when the detainees ended their hunger strike (**Deficiency HS-20**<sup>40</sup>).

ODO reviewed the medical records of three detainees on hunger strike protocol during the inspection period, interviewed the health services administrator, and found a nurse practitioner terminated the detainees' hunger strike treatments (**Deficiency HS-35**<sup>41</sup>).

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<sup>35</sup> "Staff shall check refrigerator and water temperatures daily and record the results." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(13).

<sup>36</sup> "The FSA or designee shall verify and document requirements of food and equipment temperatures." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(13).

<sup>37</sup> "Proper care and control of the dry storeroom involves the following:

a. Keeping the storeroom dry and cool (45-80 Fahrenheit degrees) to prevent swelling of canned goods and general spoilage"

*See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(K)(7)(a).

<sup>38</sup> "If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(5).

<sup>39</sup> "Only a physician may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

<sup>40</sup> "A notation shall be made in the detention file when the detainee has ended the hunger strike." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

<sup>41</sup> "Only the physician may order the termination of hunger strike treatment." *See* ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes (Revised 2016), Section (V)(F).

## MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no TB screening at intake and in accordance with Center for Disease Control and Prevention guidelines as per “J. Medical and Mental Health Screening of New Arrivals” (**Deficiency MC-28**<sup>42</sup>).

ODO reviewed █ staff credential files and found in █ out of █ files, no documentation supporting verifiable licensing in compliance with applicable state and federal requirements. Specifically, ODO found no National Practitioner Data Bank verification of license-as-prescribers for the clinical medical authority and two nurse practitioners (**Deficiency MC-101**<sup>43</sup>).

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility did not conduct initial dental screenings by a dentist or a properly trained qualified health provider. Specifically, a nurse practitioner without documented training conducted █ out of █ initial dental screenings (**Deficiency MC-177**<sup>44</sup>).

ODO reviewed three detainees’ medical records and found in three out of three records, no “Refusal of Treatment” form for refused medical evaluations. Specifically, facility staff did not ask the detainees to sign a translated form, indicating they refused treatment (**Deficiency MC-247**<sup>45</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 9 of those standards. ODO found 41 deficiencies in the remaining 9 standards. ODO recommends ERO New Orleans work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of APPSC on November 19, 2021.

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<sup>42</sup> “As indicated in this standard below in section “J. Medical and Mental Health Screening of New Arrivals,” screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2).

<sup>43</sup> “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

<sup>44</sup> “The initial dental screening may be performed by a dentist or a properly trained qualified health provider.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

<sup>45</sup> “Detainees will be asked to sign a translated form that indicates that they have refused treatment.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA) (9).

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	23	18
Deficient Standards	2	9
Overall Number of Deficiencies	4	40
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A