



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Phoenix Field Office
Eloy Detention Center
Eloy, Arizona**

November 5 - 7, 2013

**COMPLIANCE INSPECTION
ELOY DETENTION CENTER
PHOENIX FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

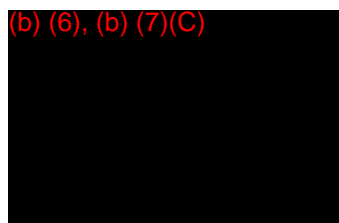
Prior to an inspection, ODO reviews information from various sources, such as the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

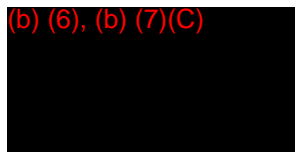
ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replace the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS



Special Agent (Team Leader)	ODO, Phoenix
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Management and Program Analyst	ODO, Washington
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EXECUTIVE SUMMARY

ODO conducted a compliance inspection (CI) of the Eloy Detention Center (EDC) in Eloy, Arizona, from November 5 to 7, 2013. EDC, which opened in 1994, is owned and operated by the Corrections Corporation of America (CCA). ERO began housing detainees at EDC in 2006 under an intergovernmental service agreement (IGSA) between ICE and the City of Eloy. EDC is a dedicated IGSA facility housing male and female detainees of all security classification levels (Level I - lowest threat; Level II - medium threat; Level III - highest threat) for periods in excess of 72 hours. The CI evaluated EDC's compliance with the 2008 PBNDS and the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard. EDC accepted a contract modification to comply with the 2011 PBNDS SAAPI standard.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1,546
Emergency Capacity	1,550
Average Daily Population	1,475
Average Length of Stay (Days)	56
Male Population Count (as of November 5, 2013)	1,052
Female Population Count (as of November 5, 2013)	494

The ERO Field Office Director (FOD) in Phoenix, Arizona, is responsible for ensuring facility compliance with the 2008 PBNDS and ICE policies. Two Assistant Field Office Directors (AFODs), 72 immigration and enforcement personnel, and a Detention Service Manager (DSM) support ICE operations at EDC. The AFOD offices are permanently stationed at EDC. A Warden with CCA is responsible for oversight of daily facility operations and is supported by (b) (7)(F) CCA personnel.

ICE Health Service Corps (IHSC) and InGenesis Companies provide medical care at EDC; Trinity Services Group provides food services; and Asset and G4S provide transportation. EDC was accredited by the American Correctional Association on July 22, 2012 and the National Commission on Correctional Health Care on January 19, 2012.

In July 2012, ODO conducted an inspection of EDC under the 2008 PBNDS and reviewed 17 standards, identifying two deficiencies. During this CI, ODO also reviewed 17 standards; thirteen standards were determined to be fully compliant. Eleven deficiencies, two of which relate to priority components, were found in the following four standards: Food Service (4 deficiencies), Medical Care (5), Suicide Prevention and Intervention (1), and Use of Force and Restraints (1).

This report details all deficiencies and refers to the specific, relevant sections of the 2008 PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies.

EDC has procedures in place to protect the health, safety, security, and welfare of detainees during the admission and release processes. The admissions process at EDC involves multiple steps, including general and medical screenings, classification, property inventory, clothing exchange, and orientation to the facility. Detailed medical, dental, X-ray, mental health, and sexual abuse history screenings are also performed. Facility orientation is provided through a video available to detainees in both English and Spanish. Newly admitted detainees receive the

ICE National Detainee Handbook and a facility-specific handbook upon admission. Both handbooks are available in English and Spanish.

ERO performs initial classification screenings on newly admitted detainees prior to arrival at EDC. ERO staff provides EDC staff Form I-213 and other information for identification and classification purposes. EDC staff then conducts a second classification screening. EDC staff issues newly admitted detainees color-coded clothing and identification tags based on their housing and classification levels. Detainees are placed in housing units with other detainees having comparable criminal records and disciplinary histories. A review of the facility grievance log and interviews with classification staff confirmed no grievances or appeals have been filed regarding detainee classification levels.

EDC's disciplinary policy and procedures are designed to encourage the resolution of minor infractions whenever possible. The facility has a progressive level of review and graduated scales of offenses. Rules, sanctions, disciplinary procedures, offenses, and the appeal process are addressed in the detainee handbook. A designated hearing officer serves as the Unit Disciplinary Committee, performing intermediate-level reviews and adjudicating minor infractions. Documentation reviewed by ODO showed all disciplinary hearings were held in accordance with the 2008 PBNDS.

Trinity Services Group manages food service operations. The food service director is supported by 13 contract staff and 140 detainee workers. ODO verified staff and detainee workers received medical clearance to work in a food service operation, and observed workers were inspected by staff prior to working their shifts for any signs of illness or personal hygiene concerns. A review of documentation confirmed the master cycle menu is reviewed annually by the food service director and certified by a registered dietician based on a complete nutritional analysis.

ODO tested and confirmed food temperatures were within required ranges. Religious diets are approved by the chaplain, and medical diets are provided when ordered by the medical unit. ODO confirmed temperatures in the walk-in freezer and cooler were maintained at required levels and recorded daily on logs. ODO identified several sanitation concerns in the kitchen areas.

EDC has written policies and procedures for funds and personal property, which account for and safeguard detainee property from the time of admission until the time of release. Funds and valuables are properly inventoried and logged by the facility's accounting department. Facility staff conducts quarterly audits of detainee funds, valuables and personal property and the results are logged and verified by a supervisor. The last property audit was conducted in September 2013. ODO reviewed completed quarterly reports for the past year and found them to be kept orderly and in compliance. Detainees are not authorized to keep money in their possession, but have access to a commissary. The money is placed in a sealed envelope in a drop safe. A dedicated safe for cash is maintained in a secure area and is only accessible to supervisory staff. Detainees are allowed to keep a reasonable amount of personal property in their possession. Abandoned property belonging to detainees is forwarded to ICE for disposition.

Detainees are provided information on informal and formal grievance procedures by way of the local detainee handbook, which is issued during intake. The local handbook addresses emergency and non-emergency grievances, and the appeal process, including the procedures for appealing directly to ICE staff. The facility's grievance policy provides for informal resolution, formal written grievances, and emergency grievances. EDC's grievance coordinator maintains a log to document and track both informal and formal grievances.

EDC staff receives pre-service and annual in-service training on the facility's grievance system. EDC policy states detainees shall not be subject to retaliation, harassment, or discipline for use or participation in the informal or formal grievance process. ODO interviewed 62 detainees and all indicated they were aware of the grievance system and had no concerns or fears of retaliation for filing grievances. Detainees deposit grievance forms in the unit grievance box, which is clearly labeled. There is also a grievance box in the Special Management Unit (SMU). Grievances pertaining to medical issues are delivered directly to health services staff by the detainee or placed in a designated medical request box where they are delivered directly to medical staff within 24 hours or the next business day.

Formal Grievance Topics	Quantity
Medical care/Dental care	131
Disciplinary sanction appeals	22
Staff concerns	16
Commissary	3
Housing	2
Court	1
Access to legal materials	4
Food service	8
Facility programs	1
Safety and Security	1
Mail	2
Other	11
Total Formal Grievances	202

A review of the grievance log and related records showed 202 formal grievances and 254 informal grievances were filed during the 12 months preceding the inspection. The medical department processed 131 medical grievances in the same time period. ODO did not identify any trends or patterns, and all grievances were processed as required by the standard.

EDC has two separate law libraries, one for the male housing unit and another for the female housing unit. Detainees have access to these law libraries seven and a half hours per week, exceeding the standard, with no requirement that detainees forego recreation time to use the law library. Detainees housed in segregation have access to a computer with LexisNexis, a printer, and writing materials within an enclosed secure area of the Special Management Unit. ODO verified procedures are in place for detainees to request additional time in the law library, and for limited English proficient and illiterate detainees to request assistance with legal matters. Rules are posted in each library and addressed in the detainee handbook, which is available in English, Spanish, and Hindi.

The medical department is currently staffed with 11 ICE Health Services Corps (IHSC) staff, including the Health Services Administrator (HSA), the assistant HSA, a nurse manager, two pharmacists, two nurse practitioners, a physician assistant, two registered nurses, and a dental hygienist. In addition to IHSC staff, 46 full-time and nine part-time InGenesis employees support clinic operations. ODO found the overall staffing complement adequate.

ODO reviewed credential files of licensed medical staff and found them organized and complete, to include documentation of primary source verification. Health care personnel appear to perform duties within their scope of practice, clinical guidelines, and nursing protocol requirements.

ODO reviewed 25 detainee medical files and found all included documentation of a comprehensive health appraisal, physical examination and dental screening within 14 days of arrival. Five deficiencies were identified in medical care. First, ODO found four of the 19 required health-related inquiries were not present on IHSC Form 795A or addressed during the screenings. Second, in 21 of 25 files, physical appraisals conducted by the physician assistant or a nurse practitioner did not include proof of review by the clinical medical authority. Third, ODO found in all 25 cases dental screenings were not performed by the dentist, despite a full-time dentist's being on staff. Fourth, ODO found one detainee was not provided dental care that met the PBNDS. Fifth, correctional staff training records revealed one of 15 personnel did not have current CPR training.

Detainees in general population housing are afforded the opportunity for daily group religious services, which are provided in the facility's chapel. The facility's chapel can hold a large group of detainees and is equipped with a projector and screen. Participation is voluntary and open to all detainees who wish to attend. ODO toured the facility and viewed the available religious services posted in all housing units. The religious service calendar is very diverse and lists services on every day of the week. Detainees are permitted access to their religious property after submitting a request form to the chaplain to have the piece of property taken from the property room. Detainees housed in SMU are permitted to receive individual religious services or counseling upon request. The chaplain visits with detainees in segregation weekly, and holds a weekly bible study for detainees in administrative segregation.

EDC complies with the 2011 SAAPI standard. ODO's review confirmed the facility has a policy that provides necessary and appropriate guidance for staff concerning prevention, intervention, and handling of sexual abuse and assault incidents. The policy includes written procedures for reporting incidents through the chain of command to ICE and referral to local law enforcement.

EDC has a designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) coordinator. ODO reviewed the employment education and training records of ten staff and verified each received pre-service and annual in-service training on the Prison Rape Elimination Act (PREA). Staff is trained on applicable laws concerning criminal liability for the sexual abuse of a person held in custody, the facility's policy, and numerous other topics. Policy and training materials require employees to report all sexual abuse allegations, to take all allegations seriously, and to be sensitive, supportive, and non-judgmental. Employees who fail to report allegations are subject to disciplinary action. In addition to mandating pre- and in-service training, staff is expected to perform monthly PREA drills, which involve different scenarios. Each scenario includes a debriefing with corrective actions and comments and the completion of a sexual abuse incident check sheet. EDC has an active Sexual Abuse Response Team composed of the SAAPI and victim services coordinators, and representatives from the medical, mental health, and security staff.

ODO observed the ICE Sexual Assault Awareness poster posted in English and Spanish in all housing units throughout the facility. Additional information on sexual assault awareness and reporting procedures is provided to detainees via the local handbook and in a CCA brochure. This brochure, available in the English and Spanish languages, provides information concerning sexual assault and sexual abuse; prohibition against sex in prisons, jails, and detention facilities; preventing sexual assault and sexual abuse; and whom to inform if they know victims of sexual assault or abuse.

Detainees are screened within 24 hours of intake to identify possible victims and/or predators. Detainees with a history of sexual predatory behavior, as reflected in prior convictions or institutional records, are placed in segregation until the initial classification is complete and a determination is made as to the most-appropriate housing. Detainees with a history of sexual victimization are housed in the most appropriate available setting, and referred to mental health staff for evaluation and counseling.

EDC advised ODO there were nine incidents of reported sexual abuse or assault in the past year. ODO reviewed documentation and confirmed the incidents were handled in accordance with facility policy and the 2011 SAAPI, including referral to law enforcement, medical and mental health interventions, and notification of ICE.

The SMU for male detainees has two tiers with 24 double-occupancy cells. The bunk beds are affixed to the floor, and the toilet, sink, desk, and stool are affixed to the cell walls. The pod has seven lockable showers. The unit has a medical examination room and a law library with LexisNexis and legal materials. ODO's inspection verified the SMU is well lit, maintained in good sanitary condition, and properly ventilated. The SMU for female detainees consists of three designated cells on the lower level of a unit. Two of the three cells have one set of bunk beds affixed to the floor and the third cell has a bed affixed to the floor. The cells are equipped with a sink, toilet, and showers. Recreation is offered during the time general population detainees are secured in their cells.

There were five male and no female ICE detainees housed in SMU during the inspection. Two detainees were housed in disciplinary segregation and three in administrative segregation. ODO reviewed current administrative and disciplinary segregation records and found all cases had been appropriately reviewed by ERO.

EDC's staff-detainee communication policies allow detainees to have informal and unrestricted access and interaction with ERO and facility staff. ERO staff visits the housing units daily, interacting with detainees and staff, identifying any compliance issues, and working with EDC staff to resolve them. Interviews with EDC staff revealed ICE staff conducts unannounced visits daily to housing units and activity areas to address detainee requests and concerns. Visits are logged in each housing unit and in the ERO Liaison Daily Logbook. ICE visitation schedules and names of ERO staff are conspicuously posted in each housing unit. Detainees are able to submit requests directly to the EDC housing unit officer, who addresses facility-related questions or concerns, logs the information, and then sends copies of the requests to ICE. If detainees wish to send their requests directly to ICE, a locked box is available in each housing unit. EDC staff does not have access to the locked box. ERO staff stated they retrieve requests daily and respond within the time specified in the standards. ODO verified the request logbook contains all

required information from detainee requests. ODO reviewed a random sampling of five detention files and verified a copy of all detainee requests are placed in the detention file.

ODO reviewed the Suicide Prevention and Intervention standard at EDC. There were two suicides at EDC during the past year, the first on April 28, 2013, and the second on April 30, 2013. In addition, there were two suicide attempts on June 9, 2013, and September 30, 2013, both resulting in transport to Casa Grande Regional Medical Center, a local hospital. The detainees who attempted suicide were mental health clinic patients. One detainee had been on suicide watch just days prior to the attempt; the second had been determined by a mental health professional to be at low risk of suicide three weeks before the attempt. Review of the medical files determined suicide risk assessments were completed prior to the detainees' releases from suicide watch. Neither was on suicide watch at the time of the attempts. Detainees placed on suicide watch are housed in one of three designated suicide watch cells. ODO identified two flexible metal lines under the sink in one cell, objects that pose a threat to detainee safety.

ODO verified detainees have reasonable and equitable access to telephones at EDC. Telephone monitoring notices are posted in each housing unit and in the local detainee handbook. Detainees may submit a request to ERO for an unmonitored call. Speed-dial listings for the Office of Inspector General, consulates, and embassies, as well as pro-bono services, were located in each housing unit. ODO found all telephones in the detainee housing units in good working order.

ODO reviewed the Terminal Illness, Advance Directives, and Death 2008 PBNDS to determine if the facility's policies and practices are in compliance. The facility maintains complete policies addressing living wills, advance directives, Do Not Resuscitate (DNR) orders, organ donation, and detainee death reporting and notification.

EDC has a comprehensive use-of-force policy addressing all requirements of the 2008 PBNDS, including confrontation avoidance and using force only as a last resort. ODO reviewed written documentation and video recordings related to the two calculated and 15 immediate use-of-force incidents since the July 2012 compliance inspection. One of the two videos revealed team members failed to properly identify themselves. Team members introduced themselves with their protective helmets on.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the Warden, an AFOD, a Supervisory Immigration Enforcement Agent, and three DO's. During the interviews, all personnel from CCA and ERO described the working relationship between CCA and ERO officers as excellent because they have a close working relationship with each other and open lines of communication. The Warden stated CCA is adequately staffed to manage the current detainee population at EDC, despite there being (b) (7) (F) vacancies at the facility. The Warden expressed concerns retaining qualified and experienced personnel. According to the Warden, once CCA officers clear the ICE background check, they resign from EDC and go work for facilities in Florence, Arizona, as those facilities pay substantially higher salaries. The Warden advised that this "stepping stone" practice is occurring at an "alarming" rate.

DETAINEE RELATIONS

ODO randomly selected and interviewed 41 male ICE detainees (20 Level I, 13 Level II, 8 Level III) and 21 female ICE detainees (20 Level I, 1 Level II) to assess the overall living and detention conditions at EDC. None of the detainees expressed concerns regarding access to the law library and legal materials, issuance and replenishment of basic hygiene items, recreation, religious services, visitation, issuance of the detainee handbook, or the grievance system. In addition to indoor and outdoor recreation, detainees have access to board games and PlayStation game consoles.

One male detainee alleged he was denied adequate dental treatment. ODO examined his medical record and found he was not provided dental care in accordance with 2008 PBNDS. This deficiency is documented in greater detail later in this report. EDC officials corrected the deficiency before ODO's departure from the facility.

One detainee, who was using a wheel chair, expressed concern that the HSA wanted to take his wheelchair away. ODO discussed the complaint with the HSA, who reported the detainee was referred for physical therapy to help him regain mobility. The HSA informed ODO the detainee may keep his wheelchair until he completes his therapy and regains full mobility.

Eleven of the 41 male detainees stated they were unsatisfied with the quality of the food (potatoes served too often and egg dishes are dry and hard and not well prepared). ODO verified that a registered dietician certifies the caloric and nutritional content of all meals and food portions met all dietary and nutritional requirements.

ICE 2008 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 PBNDS and found EDC fully compliant with the following 13 standards:

1. Admission and Release
2. Classification System
3. Detainee Handbook
4. Disciplinary System
5. Funds and Personal Property
6. Grievance System
7. Law Libraries and Legal Materials
8. Religious Practices
9. Sexual Abuse and Assault Prevention and Intervention – PBNDS 2011
10. Special Management Units
11. Staff-Detainee Communication
12. Telephone Access
13. Terminal Illness, Advance Directives, and Death

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

ODO found 11 deficiencies in the following four standards. Two of the five medical care deficiencies involve priority components:

1. Food Service
2. Medical Care
3. Suicide Prevention and Intervention
4. Use of Force and Restraints

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

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at EDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner. ODO inspected the food service area, interviewed staff, observed meal preparation and service, and reviewed policy and relevant documentation.

The food service operation is managed by Trinity Services Group. Staff consists of a food service director, (b) (7) assistant food service directors, and (b) (7) floor supervisors. In addition, 140 detainee workers support food service operations. Workers are paid \$1.00 per day for the first 30 days, then \$1.50 per day. ODO verified staff and detainee workers received medical clearance to work in a food service operation, and observed workers were inspected by staff prior to working their shifts for any signs of illness or personal hygiene concerns. Staff and detainees wore hair nets, beard nets, aprons and gloves.

The food service operation is located in the center of the facility and consists of a main kitchen and two adjacent dining rooms, each with a capacity of 224. The facility uses a “closed line” service operation where the servers are not able to see detainees as food trays are passed through a slot. This system assures food items and portions are consistent and not modified or tampered with based on relationships between detainee servers and meal recipients. Meals are delivered to the SMU on thermal trays by an officer.

ODO verified all menus were certified by a registered dietitian. Religious and medically prescribed meals were provided and properly documented during the inspection. Documentation reflected that at the time of the inspection, 105 detainees were on special diets for medical reasons, and 220 were receiving religious diets.

ODO taste tested the Wednesday lunch meal. All items served were on the approved menu, in portions prescribed by the menu, and properly seasoned, and included appropriate condiments. ODO observed food service staff taking food temperatures in the kitchen and on the serving lines. Temperatures of the items served were verified by the use of a food thermometer. ODO found food temperatures were within the required range, with hot items at 180 degrees and the cold items at 37 degrees at the time prepared, and 160 degrees and 39 degrees, respectively, upon service. Testing of food temperatures upon arrival of trays in the SMU also confirmed they met requirements. Sack meals for detainees being transported were inspected and found to contain all items required by the standard, including two sandwiches, one of which was non-pork.

No knives are used in food service operations. Other tools and utensils are kept on shadow boards in a locked cabinet and signed out and in by the correctional officer assigned to the kitchen. Temperature logs for the walk-in freezer and cooler, as well as for dishwasher water temperatures, were available and current.

The food service director conducts and documents a comprehensive inspection of the entire kitchen each week. The food service operation was rated excellent by the Pinal County Environmental Health Services, Food Protection Section on July 10, 2013.

Several sanitation deficiencies were noted during ODO's inspection. Specifically, trash, dust, and dry seasoning spills were observed in the dry storage area and food items were stored in a disorganized fashion (**Deficiency FS-1**). Trash was also observed on the floors of the walk-in cooler and freezer. In addition, food particles and spills were observed in the bottom of the warmer cabinets, dried batter splashes were noted on the large mixers (**Deficiency FS-2**), and grease build up was found on two of the vent hoods and on a stove (**Deficiency FS-3**). Rubber boots assigned to detainees were found at several locations in the kitchen (**Deficiency FS-4**). The food service director was present when these conditions were observed and directed they be addressed. ODO's re-inspection of the kitchen the following morning confirmed all deficiencies were corrected.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE PBNDS, Food Service, section (V)(J)(5)(a), the FOD must ensure, "All facilities shall meet the following environmental standards:

- a. Facilities must be clean, well-lit, and display orderly work and storage areas."

DEFICIENCY FS-2

In accordance with ICE PBNDS, Food Service, section (V)(J)(5)(k), the FOD must ensure, "All facilities shall meet the following environmental standards:

- k. The premises shall be maintained in a condition that prevents the feeding or nesting of insects and rodents. Outside openings shall be protected by tight-fitting screens, windows, controlled air curtains, and self-closing doors."

DEFICIENCY FS-3

In accordance with ICE PBNDS, Food Service, section (V)(J)(5)(d), the FOD must ensure, "All facilities shall meet the following environmental standards:

- d. Facilities must employ ventilation hoods to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement.

DEFICIENCIES FS-4

In accordance with ICE PBNDS, Food Service, section (V)(J)(8), the FOD must ensure, "Clothes and other personal belongings like jackets, shoes, etc. shall be stored in designated areas apart from:

- Areas for the preparation, storage, and serving of food, and
- Areas for the washing and storing of utensils.

The FSA shall identify space for storing detainee belongings."

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at EDC to determine if detainees have access to healthcare and emergency services to meet these needs in a timely manner. ODO toured all areas where medical services are provided, reviewed the department's policies and procedures, and examined 25 detainee medical files, including 23 from the mental health, hypertensive, asthma, and infectious disease chronic care clinics. Interviews were conducted with the HSA, the assistant HSA, a nurse manager, a pharmacist, the psychologist, the psychiatrist, and the dental hygienist, who is responsible for quality management and infection control.

EDC earned accreditation through the NCCHC in 2012. The medical department is staffed with (b) (7) IHSC personnel, to include the HSA, the assistant HSA, the nurse manager, (b) (7) pharmacists, (b) (7) nurse practitioners, a physician assistant, (b) (7) registered nurses and a dental hygienist. In addition to IHSC positions, (b) (7) full-time and nine part-time employees of InGenesis Companies support clinic operations under contract. Several positions were vacant at the time of the review, including the Clinical Director and the staff physician position. The Clinical Director position, vacant since May 2009, is expected to be filled by the end of the month. In the interim, the IHSC Western Regional Clinical Director is serving as the designated clinical medical authority. The contract staff physician position was being covered in the interim by an IHSC physician, who is on rotation three days a week, every other week. The IHSC physician was on site during the review.

Additional full-time contract positions include a psychiatrist, a psychologist, a social worker, a dentist, a dental technician, a pharmacy technician (b) (7), mid-level providers (nurse practitioners and physician assistants), (b) (7) registered nurses, (b) (7) licensed practical nurses, (b) (7) medication aids, (b) (7) radiology technician, and (b) (7) medical records technicians. Vacancies in full-time positions consist of the Clinical Director and staff physician, and (b) (7)(E) registered nurse positions. The full-time staffing complement is supplemented by (b) (7) as-needed registered nurses and (b) (7) licensed practical nurses. The overall staffing complement was determined to be adequate.

Credential files of licensed medical staff were reviewed and found organized and complete. Documentation was verified with the primary sources. ODO verified health care personnel perform duties within their scope of practice, clinical guidelines, and nursing protocol requirements.

A registered nurse and the dental hygienist collaborate in managing the infectious disease and quality improvement programs. The IHSC infection control plan addresses all 2008 PBNDS-mandated components, and interviews with the dental hygienist and review of electronic logs and reports confirmed routine reporting of communicable disease cases to the county health department and IHSC's Epidemiology Unit. A review of 25 medical files verified all new arrivals received tuberculosis screening within 12 hours of arrival using chest X-rays. At the time of the initial chest X-ray, the radiology technician schedules the annual test for eleven months thereafter to ensure timely completion. DIANA Associates provides the X-ray interpretations and returns reports within a few hours of the films' being transmitted. According to the HSA, there have been no varicella exposures in the past year. Medical files of two of the

five Human Immunodeficiency Virus (HIV) cases confirmed clinical evaluations and follow-up was completed.

A review of 25 medical files found informed consent statements were consistently signed and dated. According to the HSA, the use of telephone interpretation services has increased over the past few months, with staff using both the ICE telephonic interpretation service (offered by U.S. Citizenship and Immigration Services) and Interpretalk. Phone lines were observed in all areas where interviews and assessments are conducted. Health and disease-related pamphlets in English, Spanish, Mandarin Chinese, German, and French were found in the clinic, housing units, and intake area. According to the HSA, translation into Hindi is underway due to an influx of detainees from India.

ODO's inspection found the clinic sizeable, clean, and organized. It is comprised of six examination rooms, two triage rooms, a laboratory, a two-chair dental operator, a large medical records office, a pharmacy, and adequate office space for mental health and administrative staff. In addition to the examination rooms located inside the clinic, there are two additional examination rooms in the detainee housing areas. All areas of the clinic where medical, dental, and mental health interviews are conducted were found to provide privacy and confidentiality. A holding cell is located at each of the two entrances to the clinic, accommodating a minimum of ten detainees in each. Although there is no restroom or drinking fountain inside the holding cell, posters instruct detainees to contact the officer should they need these services. For clinical care required beyond EDC's scope of services, including obstetrical care for pregnant females, detainees are transported to either Casa Grande Regional Medical Center, approximately 15 miles from the facility, or to the Florence Hospital, a distance of about 28 miles. Emergency transport is provided by the Eloy ambulance service.

ODO's inspection of the pharmacy found it small, yet functional and organized. The pharmacy is securely controlled, with double-locked boxes for narcotics, needles, and syringes. Inventories for these items were current. With the recently implemented electronic medical records (EMR), prescriptions, including renewals, must be reviewed by the ordering clinician prior to dispensing. The pharmacist participates in monthly department meetings and conducts annual pharmacy and therapeutics meetings, confirmed by review of minutes. During review of training records, ODO found nurses and medication aides were properly instructed in administering medications, and examination of ten medication administration records found the documentation clear and complete. Custody staff is not authorized to administer medication at EDC.

EDC's medical facility houses two separate intake areas with two private medical screening rooms. According to the HSA, a nurse conducts a preliminary screening while detainees are exiting the bus, in order to prioritize medical needs prior to intake screening, and to take possession of any medications. ODO was informed that ensuring medications are properly processed by health services at the time of intake were implemented in 2013 as part of the department's quality improvement program. The HSA stated he is immediately informed by e-mail when there is an indication of need or request for mental health services at the time of intake. A review of 25 detainee medical files found nursing staff conducted intake screening within twelve hours of detainee arrival, using form IHSC 795A. It was noted four of the 19 required health-related inquiries were not present on this form or addressed during screening;

specifically, past history of serious infectious or communicable diseases, past medications, past surgical procedures, and dietary needs (**Deficiency MC-1¹**). The intake screening forms were reviewed by personnel designated by the clinical medical authority to perform this function in all 25 cases. A review of 10 female detainee health records found all were tested for pregnancy.

ODO found all 25 detainee files included documentation of a comprehensive health appraisal and physical examination, performed within 14 days of arrival. In 21 of the 25 cases, the physical examinations were performed by a physician assistant or a nurse practitioner, and the remaining four were performed by a registered nurse. The physical examinations performed by registered nurses were reviewed and co-signed by a physician within 24 hours in compliance with the standard. However, the 21 physical appraisals conducted by a physician assistant or nurse practitioner did not document review by the clinical medical authority. (**Deficiency MC-2**). ODO was provided with a memorandum from the interim clinical medical authority dated September 24, 2013, which indicates that consistent with NCCHC requirements, mid-level providers are required to obtain a physician's signature only for those physical appraisals with significant findings, which he defined as HIV, congestive heart failure, cancer, and other serious conditions deemed significant based on the providers' clinical judgment. He further stated in the memorandum that in the near future all physical examinations may be mandated to be reviewed by a physician, but at this point no site is able to comply with the 2008 PBNDS requirement for review of all physical examinations by the clinical medical authority. The HSA assured ODO all future physical examinations would be electronically transmitted to the clinical medical authority for review.

ODO verified 14-day dental screenings were performed by registered nurses, physician assistants, and nurse practitioners in all 25 cases reviewed. Training records were provided to verify nurses were provided instruction in dental examination technique. ODO's record review found no screenings were performed by the facility's full-time dentist (**Deficiency MC-3**). According to the HSA, it is unreasonable for the dentist to conduct the 14-day dental examinations due to a heavy workload. According to the dentist, there is no dental waiting list, and all detainees with significant dental complaints at sick call are seen immediately.

During detainee interviews, one male detainee alleged he was denied adequate dental treatment. ODO examined his medical record and found an X-ray revealing the presence of a cavity. The detainee complained of pain at a level four, based on a pain scale of zero to ten. In response to the pain, the detainee received a course of penicillin to resolve a possible infection of the tooth and 10 tablets of over-the-counter pain medication. The detainee alleged he was told by medical staff he did not qualify for a dental filling based on his current length of stay, which was over six months at the time of the dental visit (**Deficiency MC-4**). The HSA informed ODO he scheduled the detainee to see the dentist for the filling but the appointment had not occurred at the time of this inspection.

The mental health intake screening process conducted by nurses assesses risk of suicide or assaultive behavior, history of physical or sexual abuse, and past or current symptoms of mental illness. During interviews with the HSA and mental health staff, they stated awareness and attention to verbal or physical signs of depression have been heightened among the health

¹ Priority Component

services team. According to the HSA there are approximately 70 detainees on psychotropic medications; this represents less than five percent of the detainee population. EDC did not have a list of detainees on psychotropic medications available and because the facility was transitioning to EMR, there was no way to confirm the number by cross-referencing the mental health chronic care list. ODO's review of 10 medical records of detainees receiving psychotropic medication confirmed all signed specific consent for the medications received. Tele-psychiatry equipment is available; though ODO was informed its use has been minimal since the hiring of the full-time psychiatrist eight months ago.

One incident involving involuntary medication administration occurred during the past year on July 16, 2013. Emergency psychotropic medication was ordered following a detainee's physical aggression toward custody and medical staff. A review of the detainee's medical record found documentation of the psychiatric examination and authorization by the medical doctor to involuntarily administer psychotropic medication, specifying the type, dosage, and route of administration. ERO was notified of the incident and follow up monitoring of the detainee was conducted as required.

EDC's sick call process has recently changed, no longer requiring detainees to submit written requests. Nurses conduct sick call and triage in the clinic beginning at 5:00 a.m., and triage notes are immediately entered into the EMR. According to the HSA, the previous process of collecting written sick requests on the unit was discontinued because detainees too often placed the requests into the ICE grievance box, preventing timely triage of requests. ODO verified the local operating procedure, dated September 2013, addresses the new face-to-face sick call process. Detainees have been notified of the change through bulletin board postings, distribution of flyers, and ongoing communication by the HSA during his daily housing unit rounds. ODO was informed the new process will be described in the next revision of the detainee handbook. For non-urgent healthcare needs, nurses follow physician-approved protocols to administer over-the-counter medications during sick call. In the special management units, nurses make daily rounds to provide access to sick call.

ODO's review of EDC's local operating procedure addressing emergency medical services, dated November 6, 2013, found it addresses all 2008 PBNDS requirements and states any staff member can call 911 when needed, without a provider order. ODO found 13 Automated External Defibrillator (AED) and first aid kits are present within the facility: one in each of the housing units, one in the recreation area, one in the ICE trailer, and one in the urgent care room of the clinic. An emergency go-bag with a breakaway lock and inventory is also located in the urgent care room. A registered nurse serves as the health and safety officer responsible for monthly monitoring of emergency equipment to verify availability and operability, documentation of which was reviewed by ODO. A review of the training logs found all medical staff members were current in cardiopulmonary resuscitation (CPR) and AED, first aid, and four-minute response training. However, ODO found one of 15 correctional staff records showed CPR training was last completed in January 2012 (**Deficiency MC-5²**). The education coordinator for the facility stated it was his understanding CPR training must be completed once per calendar year; therefore, the officer has until December 31, 2013, to fulfill the requirement for 2013. This interpretation allows almost two years elapsing prior to completion of training.

² Priority Component

A review of 23 medical files of detainees requiring close medical supervision found chronic care cases to be generally non-complex in nature, usually addressing stabilized diabetes, hypertension, asthma, and depression. Treatment plans included appropriate diagnostic testing and monitoring, with follow-up clinics electronically scheduled.

The EMR implemented by IHSC has only been in operation at EDC for approximately one month. Hard copy medical files are securely maintained in the medical records office. During interviews, medical records staff's description of their response to detainee requests for copies of their medical records met the requirements of the PBNDS.

The HSA conducts monthly staff meetings during which pharmacy issues, infection control and quality improvement activities are discussed. ODO's review of meeting minutes found performance monitoring in areas of diabetes and pharmaceutical management. The quality improvement team has complied with IHSC mandates to conduct and report the outcomes of four studies per year. In addition to the monthly staff meetings, monthly nurse meetings and daily shift meetings with full clinician participation are conducted.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE PBNDS, Medical Care, section (V)(I), 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 a detention officer specially trained to perform this function.

If the screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of the disclosed information.

The screening shall inquire into the following:

- Any past history of serious infectious of communicable illness, and any treatment or symptoms;
- Current illness and health problems, including communicable diseases;
- Pain assessment;
- Current and past medication;
- Allergies;
- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental problems;
- Use of alcohol and other drugs;
- Possibility of pregnancy;
- Other health programs designated by the responsible clinical medical authority;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
- History of suicide attempts or current suicidal/homicidal ideation or intent;
- Observation of body deformities and other physical abnormalities;

- Questions and an assessment regarding past or recent sexual victimization.”

DEFICIENCY MC-2

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

DEFICIENCY MC-3

In accordance with ICE PBNDS, Medical Care, section (V)(M), the FOD must ensure, “An initial dental screening is performed within 14 days of the detainee’s arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse.”

DEFICIENCY MC-4

In accordance with ICE PBNDS, Medical Care, section (V)(M), the FOD must ensure, “**Routine dental treatment** is provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months, including amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee’s health.”

DEFICIENCY MC-5

In accordance with ICE PBNDS, Medical Care, section (V) (O), the FOD must ensure, “All detention staff receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually.”

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at EDC 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 inspected the suicide watch cells; interviewed medical, mental health, and training staff; and reviewed suicide prevention policies, and training curriculum, and staff training records.

There were two suicides at EDC during the past year, the first on April 28, 2013, and the second on April 30, 2013. In addition, there were two suicide attempts on June 9, 2013, and September 30, 2013, both resulting in transport to Casa Grande Regional Medical Center. The detainees who attempted suicide were mental health clinic patients. One detainee had been on suicide watch just days prior to the attempt; the second had been determined by a mental health professional during a suicide risk assessment to be at low risk of suicide three weeks before the attempt. Neither was on suicide watch at the time of the attempt. Interviews with staff reported increased awareness to suicidal behavior and risk factors following the April suicides.

The facility's segregation log recorded 53 suicide watches since January 1, 2013. A review of four medical files of detainees placed on suicide watch found consistent documentation of 15-minute, one-on-one observation checks, daily re-evaluation by a mental health professional, and discontinuation of suicide watch following suicide risk assessment and upon authorization by a mental health professional.

EDC's updated suicide policy, which was approved by the Warden, clinical medical authority, and the HSA on October 17, 2013, addresses all 2008 PBNDS requirements. A review of training records of all medical staff and 15 records of custody staff confirmed completion of initial and annual suicide prevention and intervention training. The current curricula provided by CCA and IHSC include identification of suicide risk and precipitating factors, recognition of suicidal behavior, referrals, response to suicide attempts, observation procedures, and follow-up reporting and documentation.

ODO's review of 25 medical records confirmed nurses conducted suicide risk and mental health screening within 12 hours of arrival, using IHSC Form 795A. According to the HSA, both he and the mental health professionals are electronically notified at the time of intake if a detainee is believed to be at risk of self-harm.

Detainees placed on suicide watch are housed in one of three designated suicide watch cells. In one of the cells, ODO observed two flexible metal lines under the sink, which appeared to be water lines. There was also a metal plumbing pipe which was attached to the bottom of the sink and the wall. The presence of these lines poses a threat to the detainee's safety (**Deficiency SP&I-1**). ODO discussed the issue with the security supervisors and returned to observe the cell the next day and verified the flexible lines had been removed; however, the metal pipe remained exposed, presenting a possible tie-off point for a suicide attempt. Facility staff stated they were going to have the bottom of the sink enclosed with metal and security screws to alleviate the concern.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with ICE PBNDS, Suicide Prevention and Intervention, section (V) (F) the FOD must assure, “Suicidal detainees are housed in a room that has been made as suicide-resistant as possible. The area selected for suicide watch may be the Short Stay Unit, in specially designated cells in the Special Housing Unit, or in other appropriately designated locations.”

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the Use of Force and Restraints standard at EDC to determine if necessary use of force is employed only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others; preventing serious property damage; and ensuring the security and orderly operation of the facility; in accordance with the ICE 2008 PBNDS. ODO toured the facility, inspected security equipment, and reviewed the local policies, training records, and use-of-force documentation.

EDC has a comprehensive use-of-force policy addressing all requirements of the 2008 PBNDS, including confrontation avoidance and using force only as a last resort. A review of 15 randomly selected staff training records confirmed staff is trained on the use of force, cell extraction, use of (b) (7)(E) and application of restraints. Trained staff is available on all shifts in the event the need arises to assemble a calculated use of force team. ODO's inspection found protective equipment is readily accessible to team members and is stored in a secure room with staff-only access. ODO confirmed video cameras are available and strategically assigned to two designated staff members per shift, and three additional video cameras are located in the control center. ODO reviewed the log and confirmed the proper operation of each video camera is verified daily.

The EDC use-of-force policy has provisions for use of four/five point restraints when ambulatory restraints are insufficient to protect and control a detainee. ODO confirmed there were no instances involving the use of four/five point restraints since ODO's last inspection in July 2012. (b) (7)(E) is authorized in accordance with facility policy and training for staff (b) (7)(E) was verified by training record review. (b) (7)(E) are not used at EDC.

According to staff interviews and documentation, there were two calculated and 15 immediate use-of-force incidents since the most recent ODO compliance inspection in July 2012. ODO reviewed written documentation and video recordings of both calculated use of force incidents.

In the first video, a five-person team entered a single occupancy cell to remove the handcuffs from a disruptive detainee. After the team action, the video recording showed a nurse attempting to complete a post-incident medical examination; however, she was able to examine only one of the detainee's wrists. The detainee refused to cooperate despite the nurse's further attempts to complete the medical assessment. Close-up photos were taken of the detainee's wrist, though there was no audio-visual documentation or close-up photos of the detainee's body based on his refusal to cooperate. The refusal was documented in the detainee's medical record.

In the second video, ODO found EDC complied with most requirements for calculated use-of-force incidents; however, when team members introduced themselves on camera, they were wearing the protective helmets with the face shields up (**Deficiency UOF&R-1**). Video recording the team members without their helmets or head coverings allows clear identification of each member. ODO confirmed all other requirements of the 2008 PBNDS were met in both cases, including after action reviews and notification to ERO.

Although the 2008 PBNDS does not require audio visual recording for immediate use of force incidents, it is the practice of EDC to retrieve the audio visual recording equipment and start recording as soon as possible. ODO reviewed written documentation for all 15 immediate use of force incidents, and video recordings for three of the incidents. Based on the written documentation and the three video recordings reviewed, ODO determined all actions taken were compliant with the 2008 PBNDS and facility policy. However, during an immediate use of force incident involving involuntary administration of psychiatric medication upon physician order, the audio visual recording was discontinued at the request of medical staff. Further, the video recordings of the other two immediate use-of-force incidents were discontinued prior to the medical assessment.

The Health Services Administrator informed ODO it his opinion that the Health Insurance Portability and Accountability Act (HIPAA) prohibits video recording of medical actions, though no written policy exists on this topic. The HSA disallows video recording of medical actions following *immediate* use-of-force incidents, yet medical examinations following *calculated* use-of-force incidents are video recorded as required by the standard. The 2008 PBNDS does not address video recording of any aspect of immediate use-of-force incidents, including medical examination. Since ICE has identified video recording of medical examinations following calculated use-of-force incidents as a priority component, to include close-ups of the detainee's body to show the presence or absence of any injuries, ODO recommends EDC review its practice of terminating video recordings during medical examinations following immediate use-of-force incidents.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF&R-1

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(I)(2), the FOD must ensure, "Calculated use-of-force incidents shall be audio visually-recorded in the following order:

1. Introduction by Team Leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
2. Faces of all team members should briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
3. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance, and issues use-of-force order.
4. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
5. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
6. Debrief the incident with a full discussion/analysis/assessment of the incident."