



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

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Houston Field Office**

**Limestone County Detention Center
Groesbeck, Texas**

March 1-3, 2022

COMPLIANCE INSPECTION
of the
LIMESTONE COUNTY DETENTION CENTER
Groesbeck, Texas

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Limestone County Detention Center (LCDC) in Groesbeck, Texas, from March 1 to 3, 2022.¹ The facility opened in 1990 and is owned and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCDC in 2019 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). On August 15, 2021, ERO Houston assumed oversight of LCDC. The facility operates under the National Detention Standards (NDS) 2019.²

ERO does not have any staff assigned to the facility. An LCDC warden handles daily facility operations and manages [REDACTED] support personnel. Correct Commissary & Supplies provides food and commissary services, and LaSalle Corrections provides medical care. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of March 1, 2022)	[REDACTED]
Adult Female Population (as of March 1, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 21 deficiencies in the following area: Environmental Health and Safety (21).

¹ This facility is contracted to hold male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² The facility’s contract was modified on December 16, 2021, which changed their contractually obligated ICE National Detention Standards from NDS 2000 to NDS 2019.

³ Data Source: ERO Facility List as of February 22, 2022.

⁴ *Ibid.*

⁵ Per the ERO Facility List of February 22, 2022, LCDC had an FY 2021 average daily population (ADP) of 164 detainees, which is why ODO scheduled LCDC for an inspection in FY 2022. Although the facility’s population count during the inspection was zero, the facility has a current contract to house ICE detainees, which is why ODO continued with the inspection.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an ADP greater than 10, and where detainees are housed for over 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.⁶

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{7,8}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	2
Post Orders	1
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	5
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	5
Part 5 - Activities	
Correspondence and Other Mail	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	1
Sub-Total	1
Total Deficiencies	10

⁷ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁸ 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

The facility's detainee population count was zero throughout this inspection. As such, ODO did not interview any detainees during this inspection. Although the facility's population count was zero, the facility had an active contract to house ICE detainees and had an ADP of 164 for FY 2021, which met ODO's inspection criteria of an ADP of 10 or more detainees housed for a period over 72 hours.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee detention files and found in █ out of █ files, the facility did not provide a receipt to detainees for confiscated identity documents (**Deficiency AR-13⁹**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed █ detainee detention files of released detainees and found detainees did not sign property receipts indicating receipt of all funds and personal property due to them. Specifically, ODO found in █ out of █ files, the facility did not list detainee funds on signed property receipts (**Deficiency FPP-24¹⁰**).

ODO reviewed the facility's detainee handbook and found the handbook did not notify detainees of the facility's procedures for filing a claim for lost or damaged property (**Deficiency FPP-34¹¹**).

POST ORDERS (PO)

ODO reviewed █ POs and found in █ out of █ POs, officers did not sign nor date POs indicating they read and understood its provisions. Specifically, ODO found officers did not consistently sign nor date post orders prior to assuming their posts for booking and release/classification officer, captain, nor commissary officer (**Deficiency PO-7¹²**).

⁹ "Detainees will receive a receipt for confiscated identity documents." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

¹⁰ "After a property check, the detainee will then sign a receipt for the property, indicating his or her receipt of all funds and personal property due him or her." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(E).

¹¹ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(5).

¹² "Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions." See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found the facility did not send detainees with affirmative responses for chronic medical conditions during initial medical screenings for evaluation by a licensed health care practitioner within 2 working days. Specifically, ODO found in █ out of five █, the facility noted referrals for chronic medical conditions; however, a licensed healthcare practitioner did not evaluate the detainees until the 4th and 5th day following the initial medical screening (**Deficiency MC-14**¹³).

ODO reviewed training files of █ non-dental clinicians who performed initial dental screening exams and found █ out of █ files did not contain documentation of annual training by a dentist on how to conduct an exam (**Deficiency MC-45**¹⁴).

ODO reviewed the training files of █ medical staff and found █ out of █ files did not contain documentation of training in the recognition of signs of potential health emergencies, the required response, nor the administration of first aid and cardiopulmonary resuscitation (**Deficiency MC-59**¹⁵).

ODO reviewed the medical record for one detainee with a prescribed psychotropic medication and found the facility did not obtain a separate documented informed consent that included the description of the medication's side effects prior to the administration of the psychotropic medication (**Deficiency MC-93**¹⁶).

ODO interviewed the assistant health services administrator, reviewed █ detainee medical records, and found in █ out of █ records, medical staff did not document treatment efforts nor the detainees' refusal of treatment for the COVID-19 vaccine (**Deficiency MC-98**¹⁷).

¹³ "Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care practitioner as quickly as possible, but no later than two working days." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

¹⁴ "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

¹⁵ "This training will be provided by a responsible medical authority in cooperation with the facility and will include the following:

- a. The recognition of signs of potential health emergencies and the required response;
- b. The administration of first aid and cardiopulmonary resuscitation (CPR);"

See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(a-b).

¹⁶ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹⁷ "Medical staff will document their treatment efforts and the refusal of treatment in the detainee's medical record" See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO interviewed facility staff, reviewed [REDACTED] detainee detention files, and found [REDACTED] out of [REDACTED] files did not contain close-out receipts for local funds and valuables (**Deficiency DT-31**¹⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found 10 deficiencies in the remaining 5 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Houston work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of LCD in October 2021.

Compliance Inspection Results Compared	FY 2022¹⁹ (NDS 2000)/ (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	12/1	19
Deficient Standards	3	5
Overall Number of Deficiencies	25	10
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable	Superior

¹⁸ "If the property accompanies the detainee, the sending facility shall close out the existing G-589, or local funds and valuable receipts, in accordance with Standard 2.4 'Funds and Personal Property.'" See ICE NDS 2019, Standard, Detainee Transfers, Section (II)(B)(3).

¹⁹ ODO's last inspection of LCDC was an unannounced inspection in October 2021.