



**U.S. Department of Homeland Security**  
U.S. 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  
2023-002-091**

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

**Limestone County Detention Center  
Groesbeck, Texas**

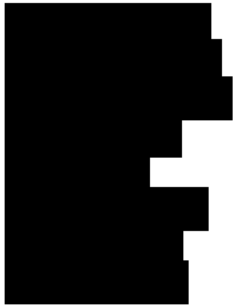
**June 27-29, 2023**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**LIMESTONE COUNTY DETENTION CENTER**  
Groesbeck, Texas

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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
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 Limestone County Detention Center (LCDC) in Groesbeck, Texas, from June 27 to 29, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of LCDC from January 10 to 12, 2023. 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 Houston (ERO Houston). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of June 26, 2023. LCDC was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

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

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of June 26, 2023)	[REDACTED]
Adult Female Population (as of June 26, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found three deficiencies in the following areas: Correspondence and Other Mail (2) and Disability Identification, Assessment, and Accommodation (1).

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

<sup>2</sup> Data Source: ERO Facility List as of June 26, 2023.

<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 NDS. 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 may include but are not limited to Medical Care, 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 uniform corrective action plan (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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Correspondence and Other Mail	0
Telephone Access	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>3</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 27 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated he has not received dental care for the extraction of his tooth.

- Action Taken: ODO reviewed the detainee’s medical file, interviewed the health services administrator (HSA), and found the detainee submitted a medical request on May 24, 2023, for a broken tooth. On June 8, 2023, a registered nurse examined the detainee, prescribed ibuprofen (200 mg) twice a day for pain, and scheduled the detainee for an appointment with an outside oral surgeon for August 2023. ODO notified the detainee of the scheduled appointment but did not provide the specific date due to security considerations.

*Medical Care:* One detainee stated the facility medical staff denied him an X-ray after injuring his knee while playing soccer.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical file, and found no sick call request from the detainee for knee pain. During a sick call visit on June 14, 2023, the detainee informed the nurse practitioner (NP) of his knee pain, and the NP ordered two X-rays of his right knee after examining him. The NP offered to prescribe pain medication, but the detainee declined due to his current Tylenol prescription for hemorrhoids. On June 15, 2023, ERO Houston denied the X-ray request because it was not medically necessary, and informed LCDC of the denial. During a follow-up visit on June 21, 2023, medical staff informed the detainee of ERO Houston’s disapproval for an X-ray for his knee. The NP offered to prescribe pain medication a second time, but the detainee declined.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] released detainee detention files and found in [REDACTED] out of [REDACTED] files, no fingerprints of the detainees prior to their release (**Deficiency AR-28**<sup>6</sup>).

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<sup>6</sup> “Staff must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc.” See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO observed six detainee housing units and found in six out six units, no posted telephone access rules (**Deficiency TA-4**<sup>7</sup>).

ODO observed six detainee housing units and found in six out of six units, no procedure at each monitored phone informing detainees how to place an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation (**Deficiency TA-41**<sup>8</sup>).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. On June 29, 2023, LCDC staff posted the unmonitored call procedures near the telephones in all housing units with ICE detainees. The facility leadership emailed the staff with information for the notification and instructed supervisors to include the posting in all shift briefings and to add the notification of the posting to all detainee tablets (**C-1**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found three deficiencies in the remaining two standards. Since LCDC's last full inspection in January 2023, the facility's overall compliance has remained the same. However, ODO found a deficiency in the AR standard, which LCDC did not have a deficiency in during the FY 2023 full inspection. ODO did not review the TA standard during the previous full inspection, which accounted for the remaining two deficiencies ODO found during this follow-up inspection. The facility's high-level of compliance was likely a result of completing a UCAP for ODO's last inspection of LCDC in January 2023, and facility oversight by facility leadership and ERO Houston staff. ODO recommends ERO Houston continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

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<sup>7</sup> "The facility shall provide telephone access rules in the facility handbook and shall post these rules where detainees may easily see them." See ICE NDS 2019, Standard, Telephone Access, Section (II)(B).

"If telephone calls are monitored, the facility shall notify detainees of this in a language or manner that they understand and in the facility handbook provided upon admission. The facility shall also place a notice at each monitored telephone stating: ...

2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation."

See ICE NDS 2019, Standard, Telephone Access, Section (II)(K).



<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>	<b>FY 2023 Follow-Up Inspection (NDS 2019)</b>
Standards Reviewed	19	16
Deficient Standards	2	2
Overall Number of Deficiencies	3	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	1
Facility Rating	Superior	N/A