



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
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Salt Lake City Field Office**

**Nevada Southern Detention Center
Pahrump, Nevada**

April 19-21, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
NEVADA SOUTHERN DETENTION CENTER
Pahrump, Nevada

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FOLLOW-UP 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 follow-up compliance inspection of the Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from April 19 to 21, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of NSDC from October 18 to 21, 2021. The facility opened in 2010, and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NSDC in 2016 under the oversight of ERO’s Field Office Director in ERO Salt Lake City. The facility operates under the Performance-Based National Detention Standards (PBNS) 2008.

ERO does not have any staff assigned to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association (ACA) in August 2018 and the National Commission on Correctional Health Care in December 2018.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of April 19, 2022)	[REDACTED]
Adult Female Population (as of April 19, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found eight deficiencies in the following areas: Admission and Release (1); Classification System (2); and Medical Care (5).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of April 18, 2022.

³ *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 2008 MAJOR CATEGORIES

PBND Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Sub-Total	2
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Other Standards Reviewed	
PBND 2011 (2013 Errata) Sexual Abuse and Assault Prevention and Intervention	2
PBND 2011 (2013 Errata) Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	5

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

⁵ 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 25 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 developed hemorrhoids from eating pepper while at Otay Mesa Detention Center (OMDC). He informed ODO he met with the NSDC medical staff after his arrival about his issue and although the facility medical staff provided him with medication to treat his condition, he feels embarrassed applying the medication in a dorm setting.

- Action Taken: ODO interviewed a facility registered nurse (RN) and a medical record keeper, reviewed the detainee's medical record, and found the detainee arrived at the facility on March 8, 2022. On the same day, a facility medical provider completed his initial health assessment of the detainee. The detainee met with the medical staff about his hemorrhoids on March 25, 2022, and the medical staff provided him with hemorrhoid cream and stool softener. The medical staff informed the detainee to use the suppository if the bleeding did not stop in two days. The detainee submitted no sick call requests after his medical evaluation on March 25, 2022. In addition, ODO observed the facility bathroom and toilet area and found the toilets had privacy walls on both sides, which allows the detainee some privacy when he treats his medical condition.

Medical Care: One detainee stated while at OMDC, she experienced a burning sensation in her right eye. The medical staff at OMDC examined the detainee and issued her eyedrops which she completed after her arrival to NSDC. Around March 9, 2022, the detainee stated she submitted a sick call request for irritation and burning in her right eye. The detainee also stated she wants a different brand of eyedrops because she believes the previous eyedrops aggravate her eye.

- Action Taken: ODO interviewed a facility RN and medical record keeper, reviewed the detainee's medical record, and found the detainee arrived at the facility on March 26, 2022. Since her arrival at the facility, ODO found no documentation indicating she submitted any sick call requests. On April 20, 2022, an RN evaluated the detainee's right eye, found no abnormalities, informed her she did not have conjunctivitis, and prescribed more eyedrops. The RN also advised the detainee to submit a sick call request if her eye condition worsened. On April 21, 2022, the facility counselor met with the detainee and educated her on how to submit a sick call request.

Medical Care: One detainee stated he underwent a surgical procedure on his buttocks at the La Palma Correctional Center in January 2022. He also stated that after his arrival at NSDC, he reported rectal bleeding to the NSDC medical staff on March 30, 2022, but the staff denied him treatment. On April 17, 2022, the detainee reported he spoke with ERO Salt Lake City and met with the medical staff about his current issue.

- Action Taken: ODO interviewed a facility RN and medical record keeper, reviewed the detainee's medical record, and found the detainee arrived at the facility on March

8, 2022. On the same day, a facility medical provider completed his initial health assessment of the detainee. The detainee submitted sick call requests and reported to sick call for a cyst on his buttocks on the following dates: March 30, 2022; April 4, 2022; April 8, 2022; April 13, 2022; April 17, 2022; and April 18, 2022. A facility nurse examined the detainee during each visit. On April 18, 2022, a facility RN examined the detainee for a skin infection around the cyst, took and sent samples of the skin abscess for lab analysis, and prescribed antibiotics, pain medication and a supply of dressings. The RN educated the detainee about the cyst and advised him to submit a sick call request if his condition did not improve. On April 23, 2022, the facility medical staff received the detainee's lab results and noted no abnormalities. The medical staff provided the detainee with oral antibiotics and pain medication and advised the detainee to submit a sick call request for a follow-up appointment if the abscess did not heal after the first round of antibiotics.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Salt Lake City, reviewed the ICE SDC electronic log, and found the log did not include the detainees' nationalities (**Deficiency SDC-31**⁶).

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, neither the facility physician nor the certified nurse practitioner completed physical examinations of the detainees within 14 days of their arrival. Specifically, the healthcare providers completed the physical examinations between 17 and 21 days after the detainees arrived at NSDC (**Deficiency MC-92**⁷). **This is a repeat deficiency.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility physician did not obtain a signed and dated consent form from the detainees before rendering any medical examination or treatment. Specifically, the physician administered the detainees' psychotropic medication; however, ODO found no informed consent forms signed by the detainees prior to the administration of the psychotropic medication (**Deficiency MC-156**⁸).

⁶ "At a minimum, the log shall record: ...

2. Detainee's nationality;"

See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2).

⁷ "Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).

⁸ "For any additional procedure, a separate documented informed consent will be obtained." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(T).

OTHER STANDARDS REVIEWED

PBNDS 2011 (2013 ERRATA) SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the SAAPI coordinator, reviewed the facility's policy, observed the special management unit (SMU), and found the facility did not post the sexual assault awareness notice on the housing unit bulletin board (**Deficiency SAAPI-59⁹**).

Corrective Action: Before the conclusion of the inspection, the facility posted the sexual assault awareness notice to the SMU housing unit bulletin board. ODO observed the sexual assault awareness notice posted to the bulletin board in the SMU (**C-1**).

ODO interviewed the SAAPI coordinator, reviewed the facility's policy, observed the facility's intake area, and found two out of three posters did not include the name of the SAAPI program coordinator who assists detainees identified as sexual assault victims (**Deficiency SAAPI-60¹⁰**).

Corrective Action: Before the conclusion of the inspection, the facility added the missing information to the two posters. ODO observed the postings in the intake area and verified the addition the SAAPI Program coordinator's name on all posters (**C-2**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 15 standards under PBNDS 2008 and 2 standards under PBNDS 2011 (2013 Errata) and found the facility in compliance with 14 of those standards. ODO found five deficiencies in the remaining three standards and one repeat deficiency in Medical Care. ODO commends the facility staff members for their responsiveness during this inspection and notes there were two instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO 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 NSDC on October 22, 2021.

⁹ "As cited earlier under 'III. Standards Affected,' ICE/ERO has provided a sexual assault awareness notice to be posted on all housing-unit bulletin boards, as well as a 'Sexual Assault Awareness Information' pamphlet to be distributed (see 'Appendix 2.11.C: Sexual Assault Awareness' in this standard)." See ICE PBNDS 2011 (Errata 2013), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F).

¹⁰ "The facility shall post with this notice the name of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault." See ICE PBNDS 2011 (Errata 2013), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F).

Compliance Inspection Results Compared	First FY 2022 (PBNDS 2008/ PBNDS 2011 [2013 Errata])	Second FY 2022 (PBNDS2008/ PBNDS 2011 [2013 Errata])
Standards Reviewed	21/2	15/2
Deficient Standards	3	3
Overall Number of Deficiencies	8	5
Repeat Deficiencies	2	1
Areas of Concern	1	0
Corrective Actions	0	2
Facility Rating	Superior	N/A